

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

YEARLY SUBSCRIPTION, \$5.00
SINGLE COPY, 50c

Entered as second-class matter March 12, 1913, at
Grand Rapids, Mich., under the Act of March 3, 1879.

Several New Advertisements

CONTENTS—Continued

| | PAGE |
|-----------------------------|------|
| University Conference | 66 |
| Editorial Comments | 69 |
| Correspondence | 70 |

DEATHS

| | |
|------------------------|----|
| Dr. Frank Thomas | 71 |
|------------------------|----|

STATE AND SOCIETY NEWS

| | |
|--------------------------------------|----|
| State News Notes | 71 |
| Bay County | 76 |
| Genesee County | 76 |
| Grand Traverse-Leelanau County | 76 |
| Gratiot-Isabella-Clare County | 77 |
| Hillsdale County | 77 |
| Kent County | 77 |
| Kalamazoo Academy of Medicine | 78 |
| Muskegon County | 78 |

American Laboratories

CLINICAL AND X-RAY
Formerly LABORATORY OF PATHOLOGY AND BACTERIOLOGY

Dr. Marshall D. Molay, Director.

Clinical Laboratory Analyses

Wassermann Test \$5.00

(also other complement fixation tests. Blood or Spinal Fluid.)

Lange Colloidal Gold Test of Spinal Fluid \$5.00

Autogenous Vaccines

In single vials or individual ampules \$5.00

Tissue Diagnosis \$5.00

Accurate analysis of all secretions, excretions and body fluids.

Complete X-Ray Dept. Diagnostic and Therapeutic

Mailing Containers on request Reports by Wire or Mail

1130 MARSHALL FIELD ANNEX BUILDING
25 E. WASHINGTON ST. CHICAGO.



Treat Your Rabies Patients at Home

WITH

RABIES VIRUS, LILLY

A Safe Treatment for Administration by the Patient's Physician

ADVANTAGES

1. A high degree of immunity.
2. Harmless (treatment free from complications, lessened reaction.)
3. Uniformity.
4. The patient's time and money are economized.
5. It is available for prompt institution of treatment at home by the family physician.
6. Standardization.

Rabies Virus, Lilly, is supplied in syringe containers emulsified and ready for instant use. Your druggist can secure the first three doses from the nearest Lilly depot; the remaining eleven doses will be supplied from Indianapolis, one daily, until the complete treatment of fourteen doses has been administered.

Write for a Booklet on Rabies and Its Treatment

ELI LILLY & COMPANY, Indianapolis, U. S. A.

NEW YORK

CHICAGO

ST. LOUIS

KANSAS CITY

NEW ORLEANS

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XX

GRAND RAPIDS, MICHIGAN, FEBRUARY, 1921

No. 2

Original Articles

MYXEDEMA.

THEODORE A. MCGRAW JR.
DETROIT, MICH.

Primary myxedema in an advanced stage is not only a rare disease but, owing to the more wide-spread knowledge of endocrinology among the profession at large, is becoming more and more infrequent. Hypothyroidism is now being recognized so early that proper organo-therapy usually forestalls advanced myxedema. But even yet, as Anders(1) recently pointed out, a certain number of cases are still being missed by physicians.

The following reports such a patient who, being five years without treatment, developed very severe myxedema with secondary involvement of the pituitary and the gonads but who obtained complete relief through organo-therapy. In this case wrong diagnoses were made by several physicians over a period of four years, treatment being usually directed (and in vain) to the uterine hemorrhage which was the result of the myxedema. The true condition was first recognized by the physician who referred her to the writer for treatment.

Mrs. H. A. referred by Dr. E. S. Peterson of Jackson, 29 years old, married four years, never pregnant. Her family history had no apparent bearing on the case. She had always been in good health until five years ago when the first symptom, edema around the eyes, appeared. A few weeks later, about a year before her marriage, she had the first severe uterine hemorrhage; it came at her menstrual period which up to that time had been of normal type. Following this the menses became very irregular and profuse with an occasional severe hemorrhage. The symptoms of myxedema described below gradually increased in severity during the next four years.

Examination: The patient, a short slightly obese woman, appears quite drowsy and apathetic. She talks in a hoarse monotone and waits an appreciable time in replying to questions. Her memory for recent events is very poor.

Head: The face, alabaster in color, is thick

with myxedematous infiltration making the eyes appear very small, yet at the same time the chin and the prominent malars are suggestive of acromegaly. The lips are thick and cyanosed; the teeth normal except for spacing of the upper central incisors. The palatal arch is very high. **Skin:** very dry and thickened; there are large supraclavicular pads.

Hair: abundant on head; pubic and axillary hair and outer third of eyebrows very scant.

Thyroid: neither visible or palpable.

Hands: Skin wrinkled coarse and dry. The tapering fingers resemble those seen in pituitary disease.

Temperature averages 98.8 degrees and pulse rate 112.

Weight: 149 pounds, an increase of 29 pounds in five years.

Blood: shows a marked secondary anemia with prolongation of the coagulation time.

Roentgen examination: The sella is very large, measuring 16 by 15 mm (average is 12 by 6 mm). The posterior clinoid processes show irregular thinning suggestive of pressure. The bones of the hands are normal.

Basal metabolism: This test was not available at the time the examination was made (1916).

Diagnosis: Primary myxedema with secondary disturbance of the pituitary and the gonads.

Treatment: The patient was first given four grains of thyroid extract daily; at the end of two weeks the waist measure had decreased two inches and the skin had improved in texture. However symptoms of hyperthyroidism (tachycardia and diarrhea) appeared so the dose of thyroid was ordered cut to two grains every other day and, on account of the possibility of insufficient function of the pituitary (as will be discussed later), ten grains of the extract of the whole gland were prescribed daily. But owing to a misunderstanding the patient did not decrease the thyroid extract but continued to take four grains a day along with the pituitary. Curiously enough, when the pituitary extract was given with the thyroid extract the symptoms of hyperthyroidism induced by the same dosage of thyroid disappeared and did not recur. After a little experimenting the patient was found to improve best on two grains of thyroid and ten grains of pituitary daily.

Outcome: as a result of two months treatment there occurred:

1. Rapid loss of weight, 34 pounds.
2. Disappearance of all myxedematous infiltra-

tion and desquamation of the hands and feet leaving the skin soft and pliable.

3. Entire change of disposition from apathy and stupidity to liveliness and intelligence. Improvement in memory. A cessation of the drowsiness with a tendency to insomnia.

4. Clearing of the voice.

5. A susceptibility to heat instead of to cold.

6. A return of the blood to normal.

7. No further uterine hemorrhage. The patient had one normal period after treatment was begun, then became pregnant giving birth to a healthy child at term.

During the war the patient was lost sight of but a recent letter, written four years after treatment was started, states that she is in good health but is still taking thyroid extract under supervision of her physician.

tempt on the part of the pituitary to compensate for the thyroid insufficiency. Since Rogowitsch (3) twenty-one years ago called attention to the interrelation of the two glands, it has been many times confirmed both by clinical observers and laboratory workers. In 1911 Hoskins (4) reviewed the literature on the subject and as a result of his investigations thought that "despite the variations in details, the clinical and experimental data appear to indicate rather conclusively that the pituitary hypertrophies as a reaction to hypothyroidism." The changes that take place in the pituitary have been described by Eichhorst (5) 1916; his article has been abstracted thus: "The pituitary becomes larger and shows an enormous hyper-



Figure I Before treatment.

Figure II After two months treatment.

DISCUSSION.

Etiology: A sclerotic degeneration of the thyroid gland with destruction of the secretory apparatus is the etiological factor in spontaneous myxedema. The causes of the degeneration are usually obscure. Falta (2) mentions syphilis, actinomycosis, scleroderma and various infections as precursors of the myxedema in some cases. Heredity too must be considered with syphilis, tuberculosis and alcoholism in one or both parents. In this case, as in most, no known cause of the disease could be discovered. Photographs of the patient in early life give no hint of the impending trouble.

Interrelation of the endocrines: One of the most interesting features of this case is the at-

emia, often hemorrhages are observed. The glandular cells grow; the chromophil cells degenerate and are replaced by cells which show the same structure as the pregnancy cells of Erdheim and Stumme. Later on a growth of connective tissue is to be seen; then the glandular tissue becomes atrophic; in the connective tissue necrosis and the formation of cysts is observed. At the end of the disease the pituitary body becomes smaller and smaller."

In this case the hypertrophy had caused an enlargement of the sella with thinning of the clinoids. The results of the over-activity of the gland are also seen in the slightly acromegalic features and the spacing of the upper central incisors. Such a compensatory activity

extending over a long period of time as this must have done is readily followed by an insufficiency of the overworked gland. While pituitary insufficiency is suggested by the in-

menstrual function is a common accompaniment of endocrine imbalance. While there is much to be learned of the physiology of menstruation, it is fairly well established that, al-



Figure III Before treatment.



Figure IV After two months treatment.

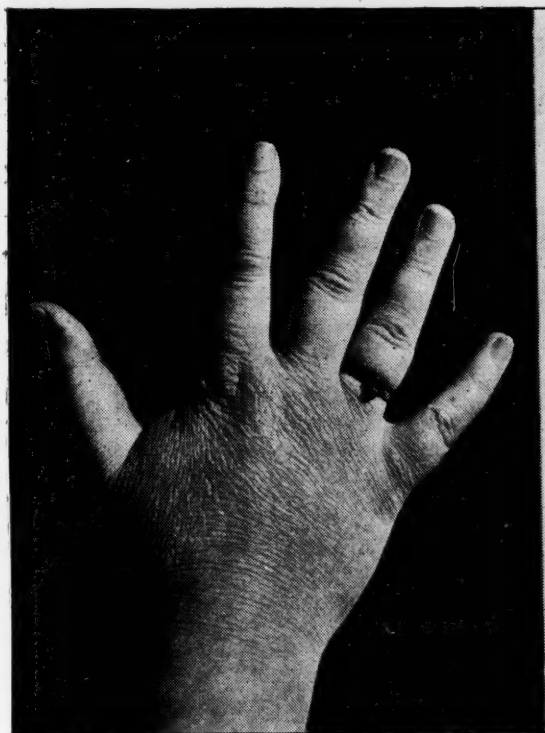


Figure V Before treatment.

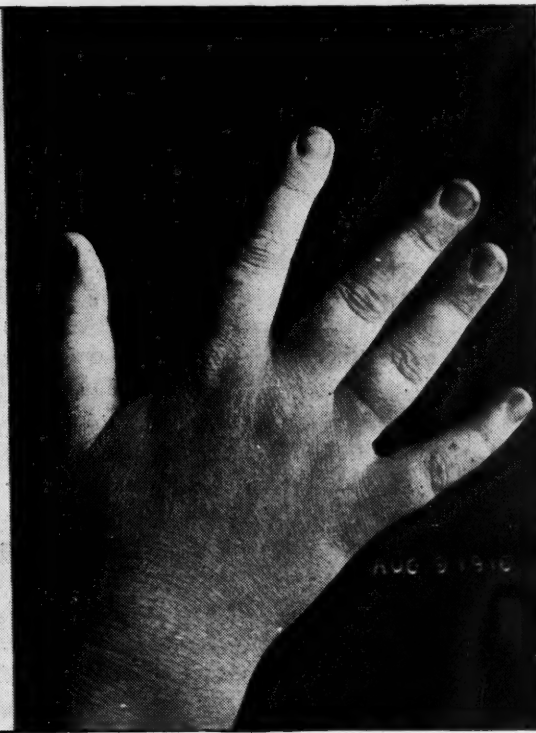


Figure VI After treatment.

creased weight, the drowsiness, loss of memory and scanty pubic and axillary hair, these symptoms are also those of the myxedema.

Uterine hemorrhage: Disturbance of the

though the ovary is most directly involved, other endocrines, particularly the pituitary and the thyroid, also have important roles; so that menstrual disorders are frequent in function-

al or organic disease of these glands. Although menstrual disturbance is frequent in hyperthyroidism, it is almost the rule in myxedema and usually takes the form of menorrhagia. There has been considerable discussion as to the cause of the menorrhagia, several theories being advanced such as (1) that it is the result of the lack of a hormone controlling menstrual flow; this is purely speculative; (2) That it is due solely to the anemia always present in myxedema, the increased fluidity of the blood accounting for the profuse flow. Opposed to this is the fact that menorrhagia is rare in other forms of anemia. It may however be a partial factor in the menorrhagia of myxedema. (3) That it is due to a myxedematous infiltra-



Figure VII Sella.

tion of the myo- and endometrium. This seems the most probable explanation. Hertoghe (6) in his classic on myxedema accepts this theory: "The higher the degree of thyroid inadequacy, the greater the menstrual losses. The profusion of discharge is due directly to infiltration of the muscular element as well as of the uterine mucosa, combined with a want of coagulability on the part of the blood. That an important role is played by muscular atrophy is very evident."

The restoration of normal menses after two weeks of treatment followed by pregnancy after four years of sterility are points of interest in this case. In the myxedematous male the gonadal disturbance may take the form of loss of libido and impotence with occasionally atrophy of the genitals.

The anemia, marked in this patient, is nearly always found in myxedema but it is not definitely known just what the connection is be-

tween the thyroid and the hematopoietic system. Thyroid therapy quickly restored the blood to normal.

A normal temperature and a pulse rate above normal are very unusual occurrences in myxedema. In fact in Janney and Henderson's series (7) subnormal temperature, pulse rate and respiration occurred in 81 per cent. of the cases, no other symptoms occurring so frequently.

Prognosis: The fact that after four years the patient is still free from myxedematous symptoms and is in good health, although compelled to continue the thyroid extract, makes for a favorable prognosis as regards long life. The writer has just seen again for the first time in three years a patient whom he diagnosed as a case of myxedema nine years ago. He has kept himself in fair condition by taking two grains of thyroid daily in courses of six weeks with intermissions of about one month. The first intimation he has that he needs further treatment is always hoarseness of the voice due to infiltration of the vocal cords. When examined a few days ago the patient's only complaint was that he felt the cold severely. On investigation his temperature was found to be 95.8 degrees, his pulse rate 64 and his voice slightly hoarse. A larger dose of thyroid to be taken continuously was prescribed and will undoubtedly right his condition. That a myxedematous patient properly treated may live a long time is shown by Murray (8). His patient was kept in good health for 28 years finally dying at the age of 74 from heart disease.

REFERENCES.

1. Anders. Am. Journal Medical Sciences, Vol. 160, page 801.
2. Falta, The Ductless Glandular Diseases, 1916.
3. Rogowitsch. Zeigler's Beitrage z Path. Anat. 1889, IV, 453.
4. Hoskins. Am. Journal Medical Sciences, Vol. 141, page 378.
5. Eichhorst, Abstract from Endocrinology, Vol. 2, page 175.
6. Hertoghe. Practitioner, 1915, 94 page 26.
7. Janney-Henderson, Archiv. Int. Medicine, Vol. 26, No. 3, page 397.
8. Murray, British Med. Journal No. 3089, page 359.

THE NEUROTIC PATIENT.*

IRWIN H. NEFF, M.D.

DETROIT, MICH.

INTRODUCTION.

The main purpose of the paper is to emphasize the fact that the neuroses and psychoneuroses are disease entities.

"Strictly speaking they are not diseases in the medical sense at all, but only in the social sense; it may be said that the neuroses are

*Read at a meeting of the Oakland County Medical Society, Nov. 3, 1920.

the result of a conflict between man and society, whereas other diseases are the result of conflict between man and nature. This fundamental distinction is not often grasped by members of the medical profession, who commonly regard all diseases from one standpoint."¹

Another purpose of the paper which I will allude to later is the increasing menace of quackery, which is due largely to the failure of the physician to appreciate the importance of the neurotic element in disease.

Our present day knowledge of what we formerly termed "functional nervous diseases," is a radical departure from the rather imperfect understanding which we formerly possessed.

It is incumbent on us to realize that coincident with the newer developments in neurology we have enormously increased our knowledge of what is conveniently termed the neuroses and psycho-neuroses; it is not sufficient to profess satisfaction or to be content with the old designations neurasthenia and hysteria and to relegate all nervous diseases unrelated to structural disease to one of these main groups without qualifying our diagnosis.

An idea of the frequency of the neuroses may be gained by studying the Surgeon General's reports of enlisted men who were reported unfit for military service. The total of unfitness 16 per cent included a large number of men with nervous and mental defect; 63 per cent of the 72,000 rejections for nervous and mental disease can be placed in the neurotic group comprising the simple neuroses inebriety, mental defect and certain psychopathic states, these figures referring to a limited number can be used as a basis of an estimate as to what the number would be if women and children outside the military age were counted. We hear much these days of the mal-adjusted individual, the socially unfit, the delinquent and feeble minded, and doubtless some of us are wondering if these are not as it were new creations, however, the physician who deals with groups or individuals will have little difficulty in recognizing old friends with possibly new faces. As a matter of fact human nature has not changed and from time immemorial ill adjusted individuals of definite types have existed manifesting in many ways defects and delinquencies; modern methods of research and study has developed a system of differential diagnosis whereby we can classify such people and determine their influence in our social scale, such differentiation has also given to us an adequate method of defence, medically speaking if we

have a clearly defined disease picture, we are better able to furnish a prescription for the disease; a large per cent. of nervous sufferers belong to the neurotic class, clinically speaking the word neurotic signifies nervous phenomena, its use however is generally restricted to nervous symptoms found in functional nervous diseases.

Before we consider the subject matter of the paper I would have it clearly understood that much valuable and constructive work has been done and will continue to be done by neurotics, such individuals to do effective work must recognize their limitations and govern their life accordingly; their maximum efficiency is only attained when they live in accord with their personality. A neurotic syndrome is a common office visitor and the physician falls short in the performance of his duty if he fails to detect its presence and to appreciate its importance; the early recognition of the condition will enhance the value of any treatment, which should be instituted before the symptoms and mannerisms of the disease have become chronic or insistent.

The large proportion of improvements reported from treatment of the "war neuroses" can be attributed to the early detection of the syndrome and the inauguration of treatment often in the development stage contrasted with reported improvements in civil life the predominacy is considerable, the fact that patients were under military control was an important factor in securing medical approach at an opportune time, doubtless if similar favorable conditions existed in general practice allowing for the early detection of the disease the number of improvements would be increased.

As formerly mentioned it is no longer permissible to use in an unqualified way the names hysteria and neurasthenia, a working and practical classification is essential, not only for diagnostic purposes but with the intent of estimating the extent of the disease, thus allowing for appropriate treatment, for as we shall see "group" handling of these cases is unsatisfactory and unreliable; the proper remedy is assured only after an analysis of the individual case. Another point which we will consider later is the importance of recognizing one or more of the symptoms of a neurosis in any physical disease, the unanticipated uncovering of neurotic symptoms in such cases should not be ignored as a failure to appreciate their influence may unduly prolong the disease or inhibit recovery from the physical disease for which the patient is being treated. In order to emphasize the importance of this factor I

1. "The Treatment of the Neuroses." Ernest Jones, M.D.

wish at this time to establish these two points.

(a) **Neuroses or psycho-neuroses may exist independently or may develop as a syndrome complicating an organic nervous disease or a physical disease unrelated to the nervous system.**

(b) Early recognition of the nervous syndrome is essential for the maximum success of treatment which should be instituted as early as possible; failure to detect this neuroticism may prolong disease and in other ways may act to the disadvantage of the physician; neglect of the physician to recognize a neurosis and to give it the attention which it deserves is in great part responsible for the acceptance of an all too credulous public of the dictums of quackery and doctrines antagonistic to medical science.

NATURE OF THE NEUROSES.

The prevalent opinion that the complexity of the varied clinical symptoms peculiar to a nervous entity precludes a workable knowledge for the practitioner must be disregarded, for as we shall see the complexities are more apparent than real; there is nothing really mystifying about the neuroses or psycho-neuroses, they are of necessity complexes, as the basic principle is a mental complex which exerts an abnormal but dominant influence preventing a normal reaction of the patient to his environment; just as we have in any physical disease a pathognomonic or basic symptom an analogy is seen in the neurotics, viz. a dominant symptom responsible for the syndrome. To illustrate, inflammation is expressed by pain, heat, redness and swelling; a neurotic or psycho-neurotic in consequence of his abnormal complex or changed personality may exhibit mental or physical fatigue, anxiety, impulsion, or one or more of the conversions or defensive symptoms such as paralysis, convulsions, contractures or other symptoms referable to the nervous system; such symptoms furnish a definite clinical picture which is significant of disordered nervous action with disturbed metabolism as an indirect or related condition.

The syndrome if unrelieved is a persistent one and the individuals applying for relief represent a large percentage of those who have been unable by their own effort to dissipate the distressing symptoms which may have complete control over their daily or accustomed routine; they are not malingerers, are not blessed with a "vivid imagination" but are representatives of a large group of people formerly misunderstood, the end result in many cases of a wrong method of treatment instituted with good intentions but with poor understanding.

It has been said that without propaganda no big project can be successfully launched; fortunately the one big opportunity to give publicity to these nervous maladies arrived when the reports of our neuro-psychiatric units during the World's War were published; the lay and public press eagerly adopted the name "shell shock," a name used by the neurologists to describe a composite condition. The examination of military records shows that the incidence of the neurotic and psychotic element was considerable and demonstrates that given an individual with a predisposition an emotional shock may produce a definite train of symptoms which may incapacitate the soldier to a greater or lesser degree. Identical conditions have been present in civil life, for the war has shown no new neurosis, their potency to incapacitate individuals in their daily and industrial routine has not been generally recognized, they have been misunderstood and have not received the treatment to which they were justly entitled, these untreated or ill treated patients have quite frequently developed a permanent neurosis or psychosis which might have been prevented had they been intelligently considered; let us hope that one of the lessons of the war to the medical profession has been that the so-called functional nervous diseases classed as neuroses is of considerable magnitude and that the early recognition of this group is of economic importance to the sufferer and to the community.

We have primarily represented in this group of diseases symptoms referable to the emotional sphere, they are all of psycho-genetic or emotional origin having for their starting point emotional traumas of different intensities, according to the individual reaction, and depending essentially on the inherent nerve force we have as the pathologic reaction, morbid fears, anxieties, obsessions, and the reflection of this morbid mentalization to the physical economy in which case we can observe the classical symptoms of fatigue which we recognize as neurasthenia, or we detect the varied syndrome of hysteria pictured by convulsions, paralyses, contractures, and other indications of involvement of the nervous system. Coincident with these conditions we observe a changed personality manifested by an exaggerated ego, inordinate selfishness, hypochondriasis, introspection, and emotional vagaries.

The cardinal and I am justified in naming it the pathognomonic symptom of neuroticism is inefficiency—this inefficiency is shown in the life history of the individual, this apparent lack of fighting spirit is present in graded degrees

in different individuals, the inability of the neurotic to secure his proper vocation, his lack of success due to this failure, disrupted domestic life, marital troubles, and his failure to adapt himself to society with consequent anti-social tendencies are familiar manifestations of such incapacity; this characteristic inefficiency inherent in the individual is the fertile soil on which a neurosis or psycho-neurosis may develop; the detection of this inefficiency during childhood or pubescence allowing for proper mental training, unquestionably would lessen the number of neurotics.

I hope that I have proven that the theory of the nature of the neuroses is not a complex hypothesis; the unearthing of these conditions depends on the diagnostic ability of the clinician who should remember that the disease in the complicated and uncomplicated form is often present.

MANIFESTATION OF THE NEUROSES.

Although we have in a neurosis a multiform syndrome, the presence of any of the symptoms formerly mentioned are suggestive and invite a differential diagnosis; it is only necessary to recall the habits and mannerisms of some of your "nervous patients" in order that you may appreciate that with the undercurrent defect in the neurotic we may have a single symptom which is dominant; thus we may observe alcoholism, drug addiction, self medication, nostrum takers, and excesses of varied types; such symptoms are manifestations of the neurotic personality. Again the expression may be of a physical nature producing symptoms simulating organic disease; we may also see mental symptoms akin to recognized types of insanity. Indeed the study of the manifestations of neuroticism has given us valuable knowledge of the development and course of many of the psychoses. The presence of these single symptoms is unmistakable evidence of a neurotic personality; the importance of recognizing these manifestations can not be overestimated; if the physician fails to treat the disease, administering to the manifestation alone he may meet with double disaster, as he may not only lose his patient, but his failure to make a proper diagnosis may discredit the profession or act disadvantageously in other ways.

Unrelieved patients of the neurotic type become office wanderers and in desperation are often driven to the compassionate "faith healer," "Christian Scientist," osteopath, or other cults; we must confess that in many cases they find relief and treatment consistent with their feelings, for as we shall see suggestion and re-

education are the key stones of treatment and are not unknown to healers and manipulators." The rank and file of these people is recruited largely from the neurotic element.

Many of the habits and inconsistencies of the neurotic individual can be corrected by self effort but in my experience one fact stands out prominently namely that although these habit mannerisms are self corrective, they are products of disordered mental mechanism, and must be treated accordingly.

TREATMENT OF THE NEUROSES AND PSYCHONEUROSES.

The treatment of these diseases to many physicians is an unopened book, they have hesitated to turn the pages as they believe that mental analysis and mental treatment denote untold mysteries, occupying a niche by itself in specialized medicine; it is said that a little knowledge is a dangerous thing, however, I deem it to be the duty of every physician to acquaint himself with the principles of this treatment in order that he may have a working knowledge which will permit him to conscientiously recommend such a practice.

The basic idea of treatment is individualism in its more intensive form, the method of approach is an individual one, consistent with the individual findings—we must be sure of our premises and must be able to oppose the patient as to the existence of any disease which he may believe to exist, such opposition must be in accord with the patient's understanding after the physician's explanation of the reason for the presence of the morbid symptoms. One must remember that in these cases disorders of metabolism primary or secondary to the neurotic symptoms are frequently found, we should also remember that organic disease which may or may not have antedated the nervous syndrome may be a prominent factor; for these reasons a complete physical examination including laboratory tests is recommended; with a tabulation of the physical findings we are in a position to recognize the importance of the symptomatology of the neuroses. If our physical examination is of negative value our problem is simplified and we are then justified in the assumption that the physical complaints enumerated by the patient are reflections of the nervous disorder; on the other hand if we find actual physical disease the correction of this if possible is essential before we institute any form of mental therapy.

Psycho-therapy perhaps a high sounding title for a form of treatment which has existed for generations is not difficult to interpret, it is

based on a sound principle and its application is not a difficult practice, I am quite sure that every one present has in some way, perhaps by a method of his own, used a form of mental therapy in his daily routine, and often with complete success.

Psycho-therapy, psycho-analysis and other forms of mental therapy are in reality methods of correction, employed with one object in view viz. eradication or modification of morbid mental action which has a controlling influence on the organism of the patient; this constructive therapy for such it is rightly called, requires for its success a high degree of co-operation between the physician and patient—the essentials for its success are confidence and perseverance for it must be understood by both parties that the length of time of treatment depends on the intensity of the symptoms, the reaction of the patient, and on complications which may exist. The importance of co-operation is emphasized for if we can not secure the complete confidence of our patient, the optimism of the physician will accomplish but little. I will not burden you with the details of the different methods of treatment, generally speaking I will say that I have found the more simple technic satisfactory.

The method of approach is all important and the selection of the type of treatment depends on our conception of the case, the physician must remember that he is primarily concerned in discovering mental phenomena responsible for the neurotic symptoms, having by the disclosures of the patient ascertained this we proceed in the best manner possible to eradicate it from the consciousness of the patient; the eradication from the normal consciousness of fear, anxiety and attendant physical and mental symptoms can not be brought about by a simple denial of their existence or the accusation that the idea is imaginary or the administration of a nerve sedative, it is essential to have the patient understand that the physical and mental pain is the result and not the cause of the nervousness and that relief will follow the correction of the faulty mental action; the patient must understand the reason for the symptoms as they have been manifestations of a diseased state.

The correction it is true depends on the ability of the patient to introduce a certain mental and physical routine which will oppose the fault, but more important than this is the capable physician who can plan and direct the educational treatment which is sufficiently comprehensive to demand diagnostic and therapeutic ability of a high order; it is therefore evi-

dent that the proper treatment of this type of nervousness requires no hypnotic or unusual methods; if we except psycho analysis and the Freudian Doctrine the newer methods may be considered to be practically newer applications of old theories.

The treatment of the neuroses and psychoneuroses may be expressed as follows, (a) The physician must appreciate the syndrome in its entirety as pathologic, must satisfy himself as to the mental and physical condition of the patient and approach him with the assurance that his method of treatment is congenial to the personality of the individual. (b) The patient must appreciate that his interest in case is all important, and that this self interest must be sustained.

SUMMARY.

1. The field of the neuroses and psychoneuroses is perhaps the broadest field in medicine; manifestations of these diseases are frequently seen, appearing either as single symptoms or in entirety as a classical type.

2. The detection of the disease in its incipency and the initiation of treatment appropriate to the individual case is an obligation which the physician should appreciate.

3. The diagnosis of this disease group in the prodromal or incipient stage and the practice of adequate therapy is a preventive measure of importance as by such a procedure we would prevent the development of many cases of chronic, nervous or mental invalidism.

4. The physician should remember that the declaration of neurotic symptoms does not exclude physical disease, approximately 50 per cent. of such cases reveal physical disturbance of different types, antedating, coincident with or following the declaration of the neurosis or psychosis; the aetiological factors and clinical pictures of these diseases are quite often expressions of a symptom mixture, demonstrating the inter-relation of the mind and body.

5. The basic symptom of a neurosis is of emotional origin, if this symptom manifested generally as fear or anxiety is not detected and eliminated a recognized type of hysteria, neurasthenia, or hypochondriasis may develop.

6. The treatment of the neuroses or psychoses is the exemplification of individualism in its exaggerated form; the failure of the physician to appreciate this truism may prolong or retard recovery.

7. The prevention of the different types of the neuroses by recognizing the inefficiency or incapacity is possible; this inefficiency is a constant force in the development of the neurotic syndrome.

8. The presence of neurotic symptoms during child life or pubescence is an indication for special training—the greatest function of mental hygiene is the prevention of neurotics and psychotics—which can be accomplished by detecting the disease in the formative stage.

9. Anything which has been said should not be so construed as to define responsibility or irresponsibility in any case of neurosis or psycho-neurosis; this question of medico-legal importance must be met by a study of the individual case.

THE ROLE OF BASAL METABOLISM IN DIAGNOSIS AND TREATMENT OF HYPERTHYROIDISM.

HUGO A. FREUND, M.D.
DETROIT, MICH.

Basal metabolism signifies the heat production of a reclining individual in a post absorptive condition. He is in a state of maximal repose short of actual sleep, about twelve hours following the ingestion of food, and heat production is then at its lowest. The thyroid gland has been shown to be the whip of protein metabolism, and any excessive outpouring of thyroid secretion will be manifested by an increased basal metabolism rate.

It must be clear then, why so many hyperthyroid patients rapidly lose weight, while a smaller percentage, equally as toxic do not. The latter compensate by an increased ingestion of food, while the former on account of malaise or temperamental peculiarities are unable to do so. Loss of weight, one of the cardinal symptoms of hyperthyroidism may then be absent. Similarly, tachycardia is not infrequently absent due to wide variations in the irritability of cardiac musculature, and all other things being equal, the heart rate of an older patient will not increase to the same degree as that of a younger one. Two cardinal symptoms may then be absent. In addition, the thyroid may be barely palpable in some of the most toxic cases, and a careful study of the blood smears of proved hyperthyroid patients has convinced me that a lymphocytosis is not present in more than 50 per cent. of the cases—possibly depending on the duration of the thyrotoxicity of the concomitance of an infection.

It is yet too early to state that the basal metabolic rate is raised in all cases of hyperthyroidism, and it cannot be stated that all instances of heightened metabolism are due to a primarily or secondarily hyperactive thyroid

gland. It has however been shown that the thyroid gland can exert an effect on basal metabolism greater by far than any other known agency. Where the basal metabolism is increased more than twenty per cent. we can be certain of hyperthyroidism even in the absence of all other symptoms, and when the basal metabolism is not raised we cannot be certain of hyperthyroidism, even in the presence of all other known symptoms. When protein metabolism is stimulated, fat and carbohydrate metabolism are stimulated as well, because of what is known as the specific dynamic action of protein. The fundamental reaction in the production of bodily heat, whatever the material that is being burned, is the oxidation of fatty acids.

$2 \text{ CH}_3 \text{ OH} \dots \dots \text{COOH} + \text{O}_2 = 4 \text{ H}_2\text{O} + \text{CO}_2$,
and fatty acids are the end product of all food constituents, whether fat, carbohydrate or protein. As the ratio of carbon-dioxide produced to oxygen used in the burning of fat, carbohydrate and protein, will vary with their percentage composition, it follows that the quotient $\text{CO}_2 = \text{O}_2$, the so-called respiratory quotient, will vary as fat, protein or carbohydrate is predominately being burned. The respiratory quotient of individuals on a mixed diet is practically a constant, and it is only with diabetes that it need be considered, in figuring the basal metabolism.

By means of the Benedict portable apparatus which I have brought here tonight, it is possible to directly measure the oxygen consumption of a given individual per unit of time, and knowing the calories of heat that can be produced per unit volume of oxygen, the heat production of an individual can be calculated.

Very mild hyperthyroid cases will show an increase up to thirty per cent., mild to fifty, severe to seventy per cent. and very severe, above seventy. It has been found by practice that it is not safe to operate on patients with a metabolism above one-hundred and sixty per cent. The manipulation of the thyroid during its resection may throw just enough more secretion into the circulation to cause death, and for the same reason it is not wise to irradiate the thyroid gland, if metabolism be above one hundred and sixty per cent. The patient fasts for about twelve hours or more, lies down for half an hour, and then is connected with the respiration apparatus through a mouth piece. The nose is shut off by a clip, and by means of a fan the air is circulated, passing through a soda-lime bottle to remove the carbon-dioxide and returning to the patient dry and fresh. The air in the spirometer is previously mixed with

about a half volume of oxygen to prevent oxygen-hunger, and when respiration has become regular, a reading is taken at the end of expiration. With an intelligent, co-operative patient, the rate at which the reading recedes will be almost a straight line. In ten minutes the reading is again taken at the end of expiration, and the difference represents the volume of oxygen used by the patient in this period of time. Corrections are then made for temperature and pressure, and the gas volume multiplied by a factor to give the calories produced in twenty-four hours. The calculated calories are compared with the figures obtained from the multiple prediction tables of Harris and Benedict, Carnegies Institute Publication No. 279, and the percentage metabolism so obtained.

CASE REPORT.

I am reporting five cases to illustrate the diagnostic possibilities of the apparatus, and two cases to illustrate its use in controlling treatment:

Mrs. J., age 47, came to me January, 1917, with a complaint of trembling, throbbing in the epigastrium, weakness, lack of appetite, and hot flashes. Her blood pressure was normal, pulse rapid, and there was considerable oral sepsis. She was carried along for three years on sedatives, in the belief that with the completion of menopause, her symptoms would disappear. January, 1920, her pulse was 120, temperature 99.8, metabolism 158 per cent. The differential showed: Polys. 63 per cent., Monuclears, 33 per cent. The thyroid was slightly enlarged. July 7, 1920, following 10 X-ray irradiations, corpus lutea, and sedatives internally, her pulse had fallen to 86, and she was much improved, except for vagrant pains. She had neglected to have the teeth attended to, and her metabolism had not been determined since April, when it was 145 per cent.

Mr. H., age 46, complained of loss of weight, about 15 pounds in one month, shortness of breath. He was very restless, eyes were staring, there was a fine tremor, profuse perspiration, rapid forcible heart. The tonsils were septic. There were many crowns. The thyroid was slightly enlarged, and there was a mitral systolic murmur. The differential count was, Polys. 32 per cent., Lymphos. 68 per cent. The metabolism on Feb. 9th, was 176 per cent; pulse 100, temperature, 99.2. With ordinary sedatives he returned on Feb. 26th, with a pulse rate of 68, and with 2 X-ray treatments the metabolism fell to 128 per cent, pulse 54, weight 148 pounds, or gain of 11 pounds. That this may have been a natural remission, as often occurs in hyperthyroidism is indicated by the fact that on Sept. 18, 1920, he returned from a three weeks vacation with a pulse of 56, weight 140 pounds, metabolism 143 per cent. The tremor and restlessness, and perspiration had returned, the metabolism had risen 15 per cent., yet the pulse rate was entirely normal.

Another case to illustrate the absolute independence of pulse-rate and metabolism is that of Dr. E., age 57, who came to see us June 25th, 1920, with the sole complaint of loss of weight, about fifty pounds in one year. A small cyst-adenoma of the thyroid had been removed in March, 1920. The patient was fidgety, had a slight tremor, the eyes were exophthalmic, but the thyroid was palpable and the pulse rate was only 68. The metabolism was 130 per cent. and following three X-ray treatments and rest, he began slowly to improve. It is probable that the hyperthyroidism occurs during the male climacteric more often than has been suspected and the patient may instance such a case.

Mrs. H., age 58, represents a type of hyperthyroidism in which there is a definite goitre, tachycardia, and high metabolism, with no loss of weight. Her chief complaint was shortness of breath, hot flashes and feeling of weakness. On July 24, her pulse rate was 120-124, Metabolism 165 per cent., temperature 98 degrees, weight 130. Following irradiation, and the usual sedative treatment, metabolism fell to 120 per cent. on Sept. 29, pulse rate to 68 and weight rose to 131½ pounds.

Mrs. M., age 46, had been told she had tuberculosis and had been to Florida. Since her return she had lost about five pounds and her chief complaint when she came in was tenderness in the epigastrium. There was a slight tremor, skin was hot and the eyes had staring expression. The thyroid was not enlarged. The Pulse ranged from 96 to 120, weight 125 pounds, and on April 26, 1920, metabolism was 157 per cent. Under the usual treatment the metabolism had fallen on June 8th, 1920 to 138 per cent., the pulse to 88, and the weight had increased eight (8) pounds. By July 24th, 1920, the weight had increased another six (6) pounds, but she then had an acute tonsilitis and her hyperthyroidism returned. The tonsils were removed and on Aug. 16th, the pulse was 120, the weight had decreased seven (7) pounds, the tremor had returned.

To illustrate the control of treatment by metabolic estimations we have Miss H., age 24, who complained on March 16th, 1920, of nervousness and palpitation. The thyroid was hard and generally enlarged, pulse rate 120, there was a marked tremor, perspiration and considerable loss in weight. The blood count was 58 per cent., polymorphs, and 42 per cent. lymphocytes. On March 18, the pulse ranged from 132-148, temperature was 98.4, weight 107 and metabolism 164 per cent. Under bi-weekly irradiation, and rest, the metabolism fell to 150 on April 5th, the pulse was 144, and weight increased five pounds. On April 26th, following the fifth irradiation, the metabolism was 135 per cent., pulse 120, and weight had increased another 3½ pounds. One June 19th, metabolism was 128 per cent., pulse 112 and weight 120 pounds, a total gain of 13 pounds. There had been many carious teeth, which were extracted at this time, and on Aug. 2, 1920, metabolism was 100 per cent., pulse 84 and weight 120 pounds.

Mr. B. had had two resections of the thyroid

previous to which his metabolism had been 161 and 144 per cent. respectively. About a year later, Dec. 20th, 1919, the metabolism was 140, pulse 96, weight 127. Under sedatives and restricted activity, he showed little change during the next two months, metabolism being 134, pulse 96 and weight 130 on Feb. 27th, 1920. On April 15th, 1920, following two irradiations, and absolute rest in California his metabolism had fallen to 103 per cent., pulse to 76 and he had gained eighteen (18) pounds in weight.

Whatever may be said for or against the necessity of basal metabolism measurements, it is apparent that through them we have learned a great deal about hyperthyroidism that we previously did not know, and we are better able to pick out those cases that will respond to medical treatment, and those that demand surgical intervention. A great many cases of hyperthyroidism are secondary to ovarian, testicular or hypophyseal dysfunction, some are directly due to infections or the continued absorption of toxic material, while others are undoubtedly physiological, the result of strong emotional influences, the demands of puberty, gestation, lactation and the like. The folly of surgical interference in any but the fulminating cases, and such other cases passed intractable to medical treatment, must be apparent. On the other hand, it may be that many of the cures reported under medical treatment may be due to the natural remissions, which are well known to occur even in the most toxic cases and which are often very striking. Until we shall have been able to follow our patients for a period of five years following their discharge, we can draw no accurate conclusions as to the propriety of any one form of treatment in a given case.

FOCAL INFECTION.*

CHAS. A. TEIFER, M.D.

MUSKEGON, MICH.

The subject which I am about to discuss is one of the most important topics in present day diagnosis and treatment, namely focal infection.

We may have a focus or foci of infection in any of the following organs, namely: the teeth, tonsils, sinuses, gall bladder, lungs, colon, rectum, ovaries and adenexia, ear, appendix, muscles, etc.

The anatomical parts to be discussed in detail will be the teeth.

ETIOLOGY.

Infected teeth are generally resultant from lack of proper prophylaxis, and from the devitalization of teeth. Impaction and imperfect occlusion are etiological factors to be considered in numerous cases.

Plumbism and other occupational diseases, and syphilis should be considered in searching for the etiology.

That *Endamoeba Buccalis* is not a causative factor has been conclusively proven. It is rather a scavenger that thrives in the pools of pus around infected teeth.

PATHOLOGY.

In pyorrhea the infection is generally primary at the gingival margin, and on tooth surfaces. The tooth surface infection may be microscopic, or it may be necessary to use a disclosing stain to clearly demonstrate these bacterial plagues.

Streptococcus salivarius or *streptococcus viridans* as it is now commonly called, is a constant habitat of the oral cavity from the age of six hours until death. *Staphylococcus*, *Streptococcus*, *haemoliticus*, *pneumococcus*, yeasts and moulds are transitory inhabitants.

Duke (1) has shown that a latent focus in one part of the body may be activated or inhibited by an acute infective process. He has cited cases of latent and apparently cured tuberculosis, which ran fulminating courses following an acute tonsillitis or an acute abscess of a tooth. He has shown that some cases of neuro-syphilis and tabes-dorsalis, which did not respond to intensive anti-syphilitic treatment were returned to their former occupations after the removal of infected tonsils, or the removal of one or more infected teeth.

Novitzky (2) states that "In hundreds of devitalized teeth there was not one, which, six months after devitalization did not show unmistakable evidence of infection."

Brown and Irons (3) failed to find one case in 100 of Iritis in which focal infection was absent and concluded that intestinal toxemias were due to the same focal infection as was the Iritis.

A focus or foci of long standing may immunize to a greater or lesser degree against the organisms that are harbored by the individual.

This antogenous vaccination, as it were, is an unstable and unreliable element of protection against acute infective invasions. The resistance of the individual is lowered because of the fact that the latent septic processes are omnipresent and bacteria and toxins are constantly thrown into the blood stream. Hence in low-

*Read before Muskegon County Medical Society and the Muskegon County Dental Society December, 1919.

ered resistance, the bacteria are prone to, sooner or later, find an organ which is below par, and an arthritis, heart lesion, appendicitis, etc., may be the result.

Rosenou, Novitzky and others have demonstrated that streptococcus viridans is present in practically every apical abscess in which the etiological factor has been the devitalization of teeth.

Occasional apical infection may result from improper root canal filling, so called, but when we find infection within a period of six months in practically every devitalized tooth, regardless of the fact that the root canal has been aseptically or antiseptically filled and some canals having been "checked up" with the X-ray in the course of filling. What is the answer? Do you honestly believe it possible to devitalize teeth and without a scruple turn these patients out of your office with teeth that are within a short period of time hazardous to their general health? A beautiful crown or bridge is placed on dead abutments and then in turn infective processes are harbored under the crowns or around the shaft and apex of the supporting elements.

A devitalized tooth is a dead tooth and a dead tooth is a foreign body. Southwell (4) has been unable to diffuse fluids through the cementum by strong air pressure. Granting (7) for the sake of argument that a chain of vascularity exists between the pulp and cementum is not this chain broken when the pulp is extirpated? Because of the fact that a devitalized tooth may be sensitive and because calcarious materials are deposited on the root, is not an argument that the tooth is vital. It has been demonstrated that this sensitiveness is apical only and that the same sensitiveness may be elicited when a brooch is very gently passed to the floor of the root canal after the nerve is killed. The calcarious deposits are some of the end products of a great effort on the part of the blood stream and tissues to throw off the foreign body.

Novitzky (5) states that "No evidence has been introduced to prove that a devitalized tooth is not dead."

The infection in dead teeth reaches its destination through the hematogenous route in the majority of instances while others infect by direct extension.

Rosenou (6) has demonstrated bacterial transmutation in mouth infections. He has also shown that when bacteria isolated from an abscessed pulp of a patient who was suffering from extreme nervousness and myositis, was in-

jected into animals, 71 per cent. developed myositis, 50 per cent. developed dental pulpitis and 46 per cent. developed neuritis, chiefly of the dental nerves.

DIAGNOSIS AND TREATMENT.

Incipient pyorrhea is generally demonstrated by gingival irritation, redness and sensitive dentine, pus may or may not be expressed by pressure on the gingival border. Pus pockets may be hidden under apparently healthy gums.

The picture in advanced pyorrhea in which the gums are trophied, the bone necrotic and the teeth bathed in pus, are familiar to all.

Dead teeth generally cause no pain or perceptible local disturbance. The X-ray is valuable, although not always a reliable aid, in searching for foci in the teeth.

All diseases have a distinct and underlying etiological factor which produces the pathological process. Although the etiology in some diseases are unknown, in a large number of chronic ailments the cause may be found and removed. It is "Back-Woods Medicine" to feed drugs to patients week in and week out, and not make a great effort to find and remove the causative factors. Drugs are indicated for tonic effect and autogenous vaccines may be useful in raising the resistance before and after the cause is removed.

The treatment evolves itself into a few short statements. The dead teeth should be x-rayed to determine the extent of the infection, also to ascertain the amount of bone pathology. Pyorrhea teeth should be x-rayed to determine the extent of the involvement of the adjacent structures. All dead teeth should be extracted surgically. In pyorrhea, if the infection extends to the apex, and if the cancellous tissues show marked necrosis, these teeth should be sacrificed. Moderately advanced pyorrhea responds to treatment in the hands of dental surgeons who are especially trained in instrumentation. Drugs as a curative agent alone are not indicated. According to Carr and others, the removal of bacterial plaques, calcarious deposits and necrotic bone by careful planing (not scraping) combined with massage of the gums and instructions in oral hygiene, eliminates a large majority of moderately advanced pyorrhea infections.

Focal infection may cause any of the following illnesses: appendicitis, rheumatism, hypo and hyper thyroidism, neuralgia, iritis, cholecystitis, acne, gastric ulcer, hepatic abscess, valvular lesions, endocarditis and numerous other troubles.

| Case | Sex | Age | Condition | Mouth | Treatment | Result |
|------|--------|-----|---|---|--|---|
| 1 | Male | 58 | Neuritis-left arm 2 yrs. Vascular tension S. 170-D. 90. | 3 abscessed teeth. | Extraction and curretment. | No improvement in 2 mos. symptoms disappeared after rectal fistula was excised. |
| 2 | Female | 35 | Chronic Appendicitis—Duration 1 year. | 4 dead teeth, foul pus & detritis expressed from bridge abutments | Bridge removed. | Pain relieved in 2 days. Extraction of abscessed teeth advised. Teeth extracted. No recurrence in one year. |
| 3 | Male | 49 | Nephritis - Serosis - Incompensated heart—Vasc. Tension S. 200—D. 120. | 5 abscessed teeth 11 pyorrhaic teeth. | Patient went to his home in Detroit. | Hemi-Plegia 2 Mos. later. |
| 4 | Female | 40 | Pains in neck and severe headaches. Soft tumor mass right breast. | 6 abscessed teeth Pyorrhea of 4 teeth. | Extraction and curretment of abscessed teeth Pyorrhea eliminated | 2 months later; tumor disappeared also pains, general health fine. |
| 5 | Female | 37 | Intermittent severe pains in neck and parietal region—Duration 1 yr. Insomnia. | 1 abscessed tooth. | Extraction and curretment. | Slept well the first night. Pains disappeared in 12 hours. No recurrence in 2 years. |
| 6 | Female | 35 | Intermittent neck pains and Insomnia. Jan. 1919. | 1 abscessed tooth & poorly fitting bridge. | Bridge removed & 1 tooth extracted. | No recurrence to date. |
| 7 | Male | 60 | Chronic Non-articular Arthritis. Rt. knee. Duration 7 yrs. Pain & limping. Weight 130 lbs. | 5 abscessed teeth. | Extraction & curretment 5 teeth. | Pain relieved in 3 days. Gained 20 lbs. in 3 mos. "Feels like a new man." |
| 8 | Male | 54 | Facial neuralgia—Chronic Gastritis—Loss of weight, Face wrinkled & emaciated. | 5 abscessed teeth & Pyorrhea. | 5 teeth extracted & curretted. Instrumentation of Pyorrhea. | Pain relieved in 2 weeks, also gastritis. Gained 20 lbs. in 6 wks. Wrinkles disappeared. |
| 9 | Female | 27 | Extreme nervousness and frontal headaches. "Tired at all times." | 3 abscessed teeth. | Extraction and curretment. | Gained 18 lbs. in 3 mos. States she "Has no more nerves." |
| 10 | Female | 31 | Pains in legs, neck and parietal region—Irritational at all times. | Bacterial plaques 2 abscessed teeth & infected tonsils. | 2 teeth extracted Bacterial plaques removed. | Condition cleared up. Tonsils subsided. No recurrence 2 years. |
| 11 | Female | 33 | "Tired at all times." P. M. temp. (101) for 3 yrs. Medicinal treatment gave temporary relief. Chest X-ray shows tubercles in left lung. Diag. T. B. Sputum, Positive. | 3 dead & infected teeth. | 3 teeth extracted & sockets curretted. | 30 days later temp. 100, 60 days temp. normal. Tubercles healed in 90 days. |
| 12 | Male | 36 | Arthritis both knees Tuberculin Test, Positive (3 yrs. ago). Present date 1916; Tubercular testicle removed in 1913; Lung X-ray shows incipient T. B. in 1916. | Marked Pyorrhea. | Instrumental treatment of pyorrhea. | Arthritis cleared in 3 mos. Lung X-ray shows healed tubercles in 6 mos. |

CONCLUSION.

Infected teeth are not the etiological factor in every chronic ailment, but they should not be overlooked as a factor in numerous diseases.

Ruthless and reckless extraction should not be advised.

A careful examination and history is necessary to render the best service to the patient.

Syphilis and chemical toxemias should be eliminated or sought after as concomitant factors.

Good teeth should not be sacrificed; and by good teeth I mean teeth that are not hazardous to retain.

Every dead tooth after a period of a few weeks or months becomes infected and it then

is a hazard, hence they should be sacrificed.

All teeth that are suspected should unreservedly be checked by the X-ray before they are extracted.

No artificial denture should be anchored to dead teeth.

Foci of infection should be sought after in other parts of the body.

An acute infection may activate or inhibit latent foci in other parts of the body.

Focal infections may or may not cause local manifestations.

Moderately advanced pyorrhea is generally cured by proper instrumentation and drainage.

Major operations would decrease 50 per cent. if the majority of the population would have their mouths "cleaned up" of infections and if dental prophylaxis is generally accepted and adopted.

A temporary hardship is thrust upon our dental colleagues by asking them to discontinue

devitalization, but eventually they will be more than pleased and reimbursed through the advent of preventable dentistry.

This will mean, theoretically that the public will make appointments with their dental surgeon at definite intervals for an oral examination, the filling of small cavities, instruction in oral hygiene.

The accompanying table gives a few selected case histories.

BIBLIOGRAPHY.

1. Duke, W. W.: Multiple Infections, *Jour. A.M.A.*, Nov. 23, 1920, Vol. 71, page 1703.
2. Novitzky, J: Dead Teeth, *Am. Jour. of Surg.*, Feb., 1919.
3. Brown & Irons: The Aetiology of Iritis, *Jour. Amer. Oph. Soc.*, 1916, page 495.
4. Southwell: From Noyes Dental Histology, pg. 179.
5. Novitzky, J: Dead Teeth, *Amer. Jour. of Surg.*, Feb., 1919.
6. Rosenow: Elective Localization of Bacteria in Diseases of the Nervous System, *Amer. Med. Assoc. Meeting*, Detroit, June, 1916, Section on Medicine.
7. Novitzky, J: Dead Teeth, *Amer. Jour. of Surg.*, Feb., 1919.

Life insurance companies are in position to appreciate the value of vaccination, animal experimentation and other public health measures in prolonging of human life. Recently several large insurance companies created an "Association of Life Insurance Medical Directors" to keep in touch with the agencies at work in various states to secure and retain laws and measures which are clearly in the interests of public welfare. This association rendered excellent service in California recently in helping to defeat bills to abolish vaccination, animal experimentation, etc., which had been submitted to public vote.

The four so-called "medical measures" voted on in California at the recent election were all defeated. The proposed antivivisection bill was overwhelmingly defeated. The antivaccination measure and the bill for the creation of a separate chiropractic board were voted down and the efforts of the osteopaths to secure the right to prescribe drugs were defeated. This is one of the first instances in which medical questions have been submitted to popular decision.

It is reported that Mr. John G. Bowman, formerly for three years president of the State University of Iowa and since 1914 director of the American College of Surgeons, has been elected chancellor of the University of Pittsburgh. He succeeds Dr. Samuel Black McCormick who has resigned because of ill health.

A report from the medical department of Johns Hopkins University states that beginning in September 1921, at least two years of college

work in chemistry will be required, of which one and one-third years must be devoted to inorganic and two-thirds to organic chemistry. Each year's work should consist of three didactic periods per week and five or six hours of laboratory work. This is the minimum requirement and three full years in chemistry are advised, including lectures and demonstrations in elementary physical chemistry. After 1923 the three years' course will be required, consisting of 240 hours of class work and 500 hours of laboratory work. The former must include 60 hours in organic chemistry and a short course in physical chemistry. The latter must include one year's work in quantitative analysis and 120 hours in organic chemistry.

The centennial celebration of the foundation of the Medical College of the University of Cincinnati, held November 6, was the occasion for elaborate exercises which were attended by many leaders in the medical and educational world. Sir Auckland Geddes, British Ambassador, Hon. John Payne, Secretary of the Interior, Dr. James R. Angell, President of the Carnegie Corporation, and Dr. Charles R. Stockard, Cornell University, delivered formal addresses at the banquet given at Hotel Sinton. Honorary degrees were conferred on twenty physicians and scientists, including Drs. Joseph Ransohoff and Louis Schwab of Cincinnati. A life-size portrait of Dr. Christian R. Holmes, former dean of the college, was unveiled in the Holmes Memorial Library in the course of the anniversary exercises.

Official Minutes

of the Mid-winter Meeting of the Council

Detroit, January 13 and 14, 1921

The regular mid-winter meeting of the Council was held in Detroit, pursuant to official call, on Jan. 13, 14, 1921. The first session was called to order at 8:00 p. m., on the 13th with Chairman W. J. Kay, presiding and the following members present: Jackson, Church, Toles, Seeley, McLurg, Parks, Randall, Keifer, DuBois, Buckland, Dodge, President Angus McLean and Secretary-Editor, F. C. Warnshuis, Chairman of the Medico-Legal Committee F. B. Tibbals. By invitation the Chairman of the Civic and Industrial Relationship Committee, Dr. Frothingham, and the Wayne County Medical Society Legislative Committee were present.

The Secretary-Editor rendered his annual report:

SECRETARY-EDITOR'S ANNUAL REPORT.

To the Chairman and
Members of the Council.

Gentlemen:

Submission is hereby respectfully made of my annual report as Secretary-Editor for the year nineteen hundred twenty. In its consideration the reminder is advanced that you take cognizance of the fact that our Society in conjunction with every other business, fraternal, trade and professional organizations, has and still is passing through a period that is fraught with varying currents of instability, increased costs and labor conditions that impelled unusual conditions with ever threatening uncertainties. We feel that this has been the most crucial year of our organizational existence. We are also of the opinion that the year we are just entering upon will present a shifting state of affairs that will tax our resources and ingenuity before we reach a solution of its problems and establish a policy that will represent a stability productive of renewed prosperity.

FINANCIAL STATEMENT.

I submit the following financial statement, duly audited and attested by a certified accountant:

January 7th, 1921.

To the Council of the Michigan
State Medical Society,
Doctor F. C. Warnshuis, Secretary,
Grand Rapids, Michigan.

Gentlemen:

We have completed our audit of the books of account and record of the Michigan State Medical Society for the year ended December 31st, 1920 and submit herewith our report.

Included as part of this report is statement of income and expense, setting forth the results of the Society's financial transactions for the year ended December 31st, 1920, of which the following is a brief summary:

JOURNAL INCOME.

| | |
|---------------------------|-------------|
| Subscriptions, Reprints, | |
| Sale of Adv. Space, Etc. | \$11,259.77 |
| Less: Journal and Reprint | |
| Expense ----- | 12,843.06 |

Loss on Journal Publication ----- \$1,583.29

DUES AND OTHER INCOME.

| | |
|----------------------------|------------|
| Membership Dues, etc. | \$3,357.03 |
| Less: Annual Meeting, So- | |
| ciety Expense, etc. | 4,493.33 |

| | |
|---|----------|
| Excess of Society Expense Over Dues, Etc. | 1,136.30 |
|---|----------|

Net Loss for the Year ----- \$2,719.59

Balance Sheet setting forth in detail the Assets and Liabilities of the Society as of the close of business December 31st, 1920 is included in and made a part of this report, subject to the following comments:

Cash on deposit was verified by direct correspondence with the Grand Rapids Savings Bank, the balance reported by the bank being in agreement with the book records.

All recorded cash receipts for the year ended December 31st, 1920 were traced directly into the bank deposits and all recorded cash disbursements for the same period were found to be supported by officially signed cancelled bank checks.

Securities owned aggregating \$7,800.00 as shown in detail on the Balance Sheet, were submitted to us for inspection by your Treasurer, Doctor D. Emmett Welsh.

No consideration has been given in the preparation of our report to the prepaid or accrued subscriptions and dues, it being our understanding that it is the policy of the organization to include these items in Income in the period in which they are received.

Under the caption of Current Liabilities shown in this Balance Sheet, in the aggregate amount of \$2,575.72, provision has been made for all ascertained liabilities of the Society at December 31st, 1920 for Unpaid Expenses, Defense Fund Collections, etc., disclosed by the records examined and information obtained by us.

We hereby certify that we have audited the books of account and record of the Michigan State Medical Society for the year ended December 31st, 1920, as kept by your Secretary-Editor, Doctor F. C. Warnshuis, and that, in our opinion, based upon the records examined and information obtained by us the accompanying Balance Sheet is drawn up so as to set forth the correct financial position of the Society at the close of business December 31st, 1920, and that the relative operating statement is correct.

Very truly yours,

Signed: Ernst and Ernst.

BALANCE SHEET

Michigan State Medical Society

As of the close of business December 31st, 1920.

ASSETS

Current—

Cash

Grand Rapids Sav. Bank \$ 823.51

Accounts Receivable

Due from Subscribers, Ad-
vertisers, etc. 725.34 \$1,548.85

Securities Owned—

Liberty Loan Bonds \$3,500.00

Citizen's Telephone Com-
pany Bonds 2,000.00

Masonic Temple Bonds 2,300.00 \$7,800.00

\$9,348.85

LIABILITIES.

Current—

Accounts Payable

Unpaid expenses, etc. \$2,233.72

Due to Defense Fund 342.00 \$2,575.72

Net Worth—

Balance—January 1, 1920 \$9,492.72

Less: Net Loss for year 1920 2,719.59 \$6,773.13

\$9,348.85

INCOME AND EXPENSE

Michigan State Medical Society

For the year ended December 31st, 1920.

INCOME

Journal Subscriptions:

Members \$4,577.22

Outside 25.50 \$4,602.72

Advertising Sales 5,310.41

Reprint Sales 1,345.64

Sale of Extra Journals 1.00

Membership Dues 2,973.25

Interest Received (Net) 383.78 \$14,616.80

EXPENSE

Journal Expense \$11,321.05

Reprint Expense 1,522.01

Society Expense 2,049.17

Annual Meeting Expense 1,367.33

Expense of Delegates to

A. M. A. 774.26

Council Expense 222.13

Campaign Expense 40.87

Secretary's Expense 24.20

Regional Clinics 15.37 17,333.39

NET LOSS \$2,719.59

EXPENSE OF DELEGATES TO A. M. A.

Doctor J. D. Brook \$195.73

Doctor Guy L. Connor 191.44

Doctor A. W. Hornbogen 199.36

Doctor F. C. Warnshuis 187.73 \$ 774.26

COUNCIL EXPENSE

Doctor W. H. Parks \$ 32.42

Doctor W. T. Dodge 20.75

Doctor W. J. DuBois 23.96

Doctor Frank Holdsworth 25.54

Doctor D. Emmett Welsh 17.12

Doctor S. K. Church 11.60

Doctor J. B. Jackson 16.24

Doctor F. C. Warnshuis 21.58

Dinner 34.32

Clerk 18.60 \$ 222.13

SECRETARY'S EXPENSE

Kalamazoo before Annual

Meeting \$ 4.00

Kalamazoo, Annual Meeting 11.45

Bay City 8.75 \$ 24.20

ANNUAL MEETING.

Registration \$ 30.00

Burdick Hotel 140.55

Memorial Tablet 272.34

Pins and badges 311.16

Freight and drayage on pins,

programs, etc to Kalama-

zoo for Annual Meeting 2.05

Signs 6.50

Programs 261.39

Reporting Annual Meeting 384.29

Churches, Y. M. C. A. and Signs 185.00

Dr. W. E. Dandy, guest 74.80

\$1,668.08

Council members refund
on dinner ----- \$ 50.75
Exhibitors ----- 250.00

300.75 \$1,367.33

JOURNAL EXPENSE, 1920

JANUARY—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Detroit Clipping Bureau 5.32
Taylor-Strom Typewriter Co.,
plates ----- 5.22
J. S. Crosby & Co., insurance 3.00
Dr. D. E. Welsh, honorarium 100.00
Tradesman Company, wrap-
pers and insert ----- 112.14
A. Wertz, salary ----- 40.00 \$ 415.68

FEBRUARY—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 12.00
Taylor-Strom Typewriter Co.,
plates ----- 6.48
Barlow Bros., binding Journals 16.50
A. Wertz, salary ----- 40.00 \$ 209.98

MARCH—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 5.00
Tradesman Co., Journals—
Jan. and Feb. ----- 1,068.08
A. Wertz, salary ----- 40.00 \$1,248.08

APRIL—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 25.00
Detroit Clipping Bureau 11.36
Tradesman Co., March Jour. 536.65
A. Wertz, salary ----- 40.00 \$ 748.01

MAY—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Detroit Clipping Bureau 4.36
Taylor-Strom, plates for ad-
dressograph ----- 21.81
Tradesman Co., April Journals 497.94
Postmaster, mailing Journals 15.00
A. Wertz, salary ----- 40.00 \$ 714.11

JUNE—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 10.00
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00

Taylor-Strom, addressograph
plates ----- 6.90
Detroit Clipping Bureau 8.52
Tradesman Co., May Journals 598.34
A. Wertz, salary ----- 40.00
Tradesman Co., June Journals 567.24
Detroit Clipping Bureau 7.92 \$1,378.92

JULY—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Bixby Office Supply Company .40
Taylor-Strom, addressograph
plates ----- 3.51
Detroit Clipping Bureau 6.08
Tradesman Co., July Journal 1,160.93
A. Wertz, salary ----- 40.00 \$1,368.42

AUGUST—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Tradesman Co., Aug. Journals 797.63
Miss DeWitt ----- 40.00 \$ 995.13

SEPTEMBER—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
D. D. Spellman, picture of Dr.
Carstens ----- .50
Detroit Clipping Bureau 7.68
Bixby Office Supply Company .50
Miss DeWitt, salary ----- 40.00 \$ 206.18

OCTOBER—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Detroit Clipping Bureau 7.16
Tradesman Co., Sept. Journals 533.66
Miss DeWitt, salary ----- 40.00 \$ 738.32

NOVEMBER—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Western Union Telegraph Co. 2.06
Taylor-Strom Typewriter Co. 9.45
Tradesman Company ----- 86.87
A. Wertz, salary ----- 40.00 \$ 295.88

DECEMBER—

Doctor F. C. Warnshuis, salary \$ 75.00
Doctor F. C. Warnshuis, rent 17.50
Doctor Guy L. Connor, salary 50.00
Postmaster, mailing Journals 15.00
Tradesman Co., Oct. Journals 672.75
Taylor-Strom Letter Co. 4.50
Detroit Clipping Bureau 6.52

| | | |
|------------------------------|----------|--------------------|
| E. Ford, salary ----- | 40.00 | |
| Detroit Clipping Bureau ---- | 10.72 | |
| Tradesman Co., Nov. and Dec. | | |
| Journals ----- | 2,110.35 | \$3,002.34 |
| | | <u>\$11,321.05</u> |

SOCIETY EXPENSE, 1920

JANUARY—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Postmaster, mailing certificates | 25.00 | |
| Postmaster, office postage ---- | 5.00 | |
| Bixby Office Supply Company | 6.03 | |
| Powers-Tyson Printing Co., | | |
| letter heads ----- | 30.75 | |
| Western Union Telegraph Co. | 2.02 | |
| J. S. Crosby Insurance Co. -- | 3.00 | |
| A. Wertz, salary and postage | 45.00 | \$ 201.80 |

FEBRUARY—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Postmaster, office postage --- | 5.00 | |
| Western Union Telegraph Co. | 2.45 | |
| Bixby Office Supply Company | 1.55 | |
| A. Wertz, salary ----- | 40.00 | \$ 134.00 |

MARCH—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Postmaster, mailing certificates | 25.00 | |
| Postmaster, office postage --- | 10.00 | |
| Bixby Office Supply Company | 1.80 | |
| Western Union Telegraph Co. | .38 | |
| Michigan State Telephone Co. | .55 | |
| A. Wertz, salary ----- | 40.00 | \$ 162.73 |

APRIL—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Postmaster, mailing certificates | 25.00 | |
| Western Union Telegraph Co. | 5.34 | |
| J. A. Thompson Typewriter Co. | .85 | |
| United Weeklies ----- | 17.25 | |
| Bixby Office Supply Company | 6.78 | |
| A. Wertz, salary ----- | 40.00 | \$ 180.22 |

MAY—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Bixby Office Supply Company | 4.00 | |
| Michigan State Telephone Co. | 1.95 | |
| Western Union Telegraph Co. | 3.28 | |
| Postmaster, office postage --- | 5.00 | |
| A. Wertz, salary ----- | 40.00 | \$ 139.23 |

JUNE—

| | | |
|-----------------------------------|-------|--|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 10.00 | |
| Taylor Typewriter Company, | | |
| Neostyle ----- | 72.60 | |
| Bixby Office Supply Company | 1.90 | |
| Powers-Tyson Printing Co. -- | 7.85 | |
| Postmaster, office postage ---- | 10.00 | |
| W. H. Shultus, auditing books | 24.00 | |
| J. A. Thompson Typewriter Co. | .75 | |

| | | |
|------------------------------|-------|-----------|
| Western Union Telegraph Co. | 2.80 | |
| Dwight Brothers Paper Co.-- | 16.55 | |
| Bixby Office Supply Company | 5.80 | |
| Taylor Typewriter Store ---- | 8.00 | |
| A. Wertz, salary ----- | 40.00 | \$ 275.25 |

JULY—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage --- | 10.00 | |
| Michigan State Telephone Co. | .55 | |
| Western Union Telegraph Co. | .35 | |
| Powers-Tyson Printing Co. -- | 9.30 | |
| A. Wertz, salary ----- | 40.00 | \$ 152.70 |

AUGUST—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage ---- | 10.00 | |
| Powers-Tyson Printing Co., | | |
| letterheads ----- | 61.65 | |
| E. Higgins, book ----- | 1.50 | |
| Bixby Office Supply Company | 2.40 | |
| Western Union Telegraph Co. | .88 | |
| Miss DeWitt, salary ----- | 40.00 | \$ 208.93 |

SEPTEMBER—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage ---- | 10.00 | |
| Bixby Office Supply Company | 1.20 | |
| Western Union Telegraph Co. | .80 | |
| Miss DeWitt, salary ----- | 40.00 | \$ 144.50 |

OCTOBER—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage ---- | 10.00 | |
| Western Union Telegraph Co. | 1.20 | |
| Bixby Office Supply Company | 3.95 | |
| Tisch-Hine Company, ledger-- | 26.25 | |
| Miss DeWitt, salary ----- | 40.00 | \$ 173.90 |

NOVEMBER—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage ---- | 10.00 | |
| J. A. Thompson Typewriter | | |
| Co., ribbons ----- | 10.00 | |
| Bixby Office Supply Company | 4.00 | |
| Western Union Telegraph Co. | .63 | |
| A. Wertz, salary ----- | 40.00 | \$ 157.13 |

DECEMBER—

| | | |
|-----------------------------------|-------|-----------|
| Doctor F. C. Warnshuis, salary \$ | 75.00 | |
| Doctor F. C. Warnshuis, rent | 17.50 | |
| Postmaster, office postage ---- | 10.00 | |
| Taylor Typewriter Store ----- | .25 | |
| Bixby Office Supply Company | .85 | |
| Western Union Telegraph Co. | .83 | |
| Powers-Tyson Printing Co.-- | 24.35 | |
| E. Ford, salary ----- | 40.00 | \$ 168.78 |

\$2,099.17

Charge off outstanding check ---- 50.00

\$2,049.17

The incurred loss of \$2,719.59 for the year is at first thought staggering and reason for critical interrogation. The final summarization, however, will reveal an explanation that is self apparent. There will also at once present the need of establishing a restricted policy of appropriations in order that our expenditures shall not exceed our revenues.

To reveal this condition I submit the following comparative statement:

| | 1919 | 1920 | Loss and Gain |
|---------------------|------------|------------|---------------|
| Bond Account | \$4,300.00 | \$4,300.00 | \$ |
| Liberty Bond Acct. | 3,500.00 | 3,500.00 | |
| Checking Acct. | 925.78 | 823.51 | 102.27 |
| Accts. Receivable | 794.69 | 725.34 | 69.35 |
| Advertising Sales | 3,545.32 | 5,310.41 | 1,765.09 |
| Membership Dues | 2,276.25 | 2,973.25 | 697.00 |
| Reprint Sales | 527.48 | 1,345.64 | 818.16 |
| Interest Received | 389.00 | 383.78 | 5.22 |
| Outside Subs'ptions | 30.62 | 25.50 | 5.12 |
| Journal Subs'ptions | 4,045.53 | 4,577.22 | 531.69 |
| Journal Expense | 7,781.23 | 11,321.05 | 3,539.82 |
| Society Expense | 2,943.59 | 2,105.41 | 838.18 |
| Annual Meeting | 503.19 | 1,367.33 | 864.14 |
| Council Expense | 196.87 | 222.13 | 25.26 |

Dissection of Income and Disbursements SOCIETY

| | | |
|---------------------------------|------------|-----------------------|
| Greatest Revenue Possible | | |
| Dues | \$2,973.25 | |
| Interest | 383.78 | |
| | | \$3,357.03 |
| Expenditures— | | |
| Society Expense | \$2,049.17 | |
| Campaign Fund | 40.87 | |
| Regional Clinics | 15.37 | |
| Council Expense | 222.13 | |
| Annual Meeting | 1,367.33 | |
| Secretary's Expense | 24.20 | |
| Delegates to A. M. A. | 774.26 | |
| | \$4,493.33 | \$4,493.33 |
| Increased expend. over Receipts | 1,136.30 | |
| | | \$4,493.33 \$4,493.33 |

JOURNAL

| | | |
|------------------------|-------------|-------------|
| Greatest Revenue: | | |
| Advertising Sales | \$ 5,310.41 | |
| Subscriptions | 4,577.22 | |
| Reprint Sales | 1,345.64 | |
| Sale of extra Journals | 26.50 | \$11,259.77 |
| Expense — | | |
| Printing, etc. | \$11,311.33 | |
| Reprint Expense | 1,522.01 | \$12,843.06 |
| Loss on Journal | \$1,583.29 | |
| | \$12,843.06 | \$12,843.06 |
| LOSS | | |
| Society | \$1,136.30 | |
| Journal | 1,583.29 | |
| Net Loss | \$2,719.59 | |

It thus becomes apparent that:

1. As a Society we are expending \$1,136.30 more than our greatest possible income.
2. Our Journal is costing us by \$1,583.29 more than we receive from subscriptions and advertising.

The problem thus presses, how may we best remedy these two conditions. I do not feel that it lies within my province to advance the avenues along which economy is to be practiced, inasmuch as it involves the policy, influence, and very existence of our Society. Such solution is conveyed by constitutional delegation to the Council and involves more than a computation

of dollars and cents. We must concede that we do not exist solely for financial profit however desirable a profit may be over a stated deficit. Then too, as an organization, we have a definite responsibility that cannot be shirked or shifted to others, nor always mouldable so as to conform to the length of our purse strings. The harping critic may be expected to promptly pronounce that a policy of expending more than our greatest possible income is unsound. Again, he who computes solely in dollars and cents and ignores those other assets, those other inventories represented by our maintaining and enhancing the purpose for which we are organized and exist, and which are revealed in our Society activities—to him we can only submit our cold figures for constricted appraisal with the hope that he will recognize the non-financial profits that have been obtained.

We, therefore, request a full discussion of this problem and the formulation of a policy that will indicate wherein and how far we shall limit by financial restrictions this coming year's activities and not sacrifice that which has been attained. It is recognized that had the House of Delegates been requested to increase the dues for 1920 as they did for 1921 the year would have closed without a loss or profit. But who among us had the gift to prophesy the soaring cost prices of the past eight months? It is of no profit to mourn or decry the loss that has been incurred. Our chief and main concern is the future and it alone presses for your judicious consideration.

THE JOURNAL

During the year 576 pages of reading matter and 338 pages of advertising were printed. Our advertising revenue was \$5,310.41 an increase over 1919 of \$1,765.09 and the largest ever earned by our publication. The net earnings of the Journal were \$11,259.77 and the net cost \$12,843.06, thus creating a Journal loss of \$1,583.29.

Number of Journals Printed.

| | | | |
|----------|------|-----------|------|
| January | 2600 | July | 2800 |
| February | 2700 | August | 2900 |
| March | 2850 | September | 2850 |
| April | 2900 | October | 2875 |
| May | 2950 | November | 2900 |
| June | 2700 | December | 3025 |

34050

The printing world has been a nightmare of soaring prices during the past seven months and this almost inconceivable rise began at a time when our printing contract expired. Diligent endeavor was made to obtain fixed and advantageous prices but to do so was impossible. With weekly and monthly increases in wages, paper and supplies, no publisher would tender a contract that was not amendable to change in price as market quotations indicated. We had no alternative but to accept the terms proffered and to incur our part of the expense entailed by prevailing conditions. Even now conditions are far from settled. On January 1st an additional increase of twenty per cent in paper was announced. We

believe that our contract for a year's supply of paper was wise and advantageous. We await an adjustment of labor's wage demands. Our contract entitles us to such benefit should any reduction in wage scales be accomplished.

In commenting upon the cost of our Journal we call attention to the fact that printing conditions created a necessity for a special meeting of the House of Delegates of the A. M. A. to increase the subscription of the Journal of the A. M. A. \$1.00 per year in order that an impending loss of some \$60,000.00 be avoided.

Our Journal, without an increase in subscriptions and considering trade conditions weathered the year with a loss of \$1,583.29 in spite of the fact that cost of publication exceeded that of last year by \$3,539.82. By diligent effort and continued alertness it was possible to obtain an increased revenue of \$1,765.09.

The Journal has an envied position in the medical journalistic world—a precedence and a reputation of which we are justly proud. We feel that it is one of the foundation stones of our Society. At no time during the year's turbulency did we feel that we could afford to sacrifice its size, subject matter or appearance and retrench. We incurred, knowingly, the loss recorded believing that in doing so we were justified in thus supporting our publication's position.

We are, however, still midst troublesome times and the future is beclouded with dire consequences. We observe with increasing unrest and foreboding, certain reefs that threaten its financial condition. Advertising contracts are being cancelled by business houses in their policy programs. The reason given is failure to receive returns from their advertising copy in our publication. The meeting of this problem rests entirely with our members. Times innumerable have we pleaded and warned that to get advertisers was possible, but to hold them was extremely difficult; that patronage of advertisers was the only solution. Seemingly our imploremment was in vain and passed unheeded. We are now directly faced with that problem and unless patronage is forthcoming our advertising revenue must and will dwindle. Instruction as to how best circumvent this reduction is requested. By reason of increased dues the Journal will receive during the coming year increased revenue of about \$1,500.00. This will not equal a predicted deficit that will be evidenced in decreased advertising revenue. Our rates are standard and cannot be further increased.

We believe it but just to record the extraordinary work that the Journal has called for on the part of your editor in meeting the confronting difficulties. It was more than double that of other years and was infiltrated with many trying and disquieting moments.

We cannot be reconciled to limiting the features or value of our Journal. In fact we have the temerity to ask that you authorize a broadening of its scope by increase in size in order that we may include articles in each issue that will be of value and interest to every member regardless of his specialty or class of practice.

It is recommended that each Councilor nominate a correspondent from his district who will willingly assume the duty of sending in the news items and professional activities of his district. The purpose being to make the Journal a historical reference of professional life in Michigan for future utility.

SOCIETY ACTIVITY

I herewith submit, by counties, a record of our membership strength:

| | |
|-------------------------|-----|
| Alpena | 23 |
| Antrim-Charlevoix-Emmet | 24 |
| Bay-Arenac-Iosco | 63 |
| Benzie | 8 |
| Berrien | 25 |
| Branch | 16 |
| Calhoun | 103 |
| Cass | 7 |
| Cheboygan | 8 |
| Chippa-Luce-Mackinaw | 24 |
| Clinton | 21 |
| Delta | 21 |
| Dickinson-Iron | 13 |
| Eaton | 22 |
| Genesee | 118 |
| Gogebic | 21 |
| Grand Traverse-Leelanau | 22 |
| Gratiot-Isabella-Clare | 40 |
| Hillsdale | 19 |
| Houghton | 51 |
| Huron | 15 |
| Ionia | 17 |
| Ingham | 93 |
| Jackson | 52 |
| Kalamazoo | 118 |
| Kent | 178 |
| Lapeer | 26 |
| Lenawee | 30 |
| Livingston | 6 |
| Macomb | 27 |
| Manistee | 15 |
| Marquette-Alger | 40 |
| Mason | 4 |
| Mecosta | 15 |
| Menominee | 9 |
| Midland | 0 |
| Monroe | 25 |
| Montcalm | 17 |
| Muskegon-Oceana | 57 |
| Nawaygo | 10 |
| Oakland | 56 |
| O. M. C. O. R. O. | 10 |
| Ontonagon | 8 |
| Osceola-Lake | 4 |
| Ottawa | 32 |
| Presque Isle | 0 |
| Saginaw | 66 |
| Sanilac | 17 |
| Schoolcraft | 7 |
| Shiawassee | 29 |
| St. Clair | 50 |
| St. Joseph | 26 |
| Tri | 23 |
| Tuscola | 25 |

| | |
|-----------------|------|
| Washtenaw | 89 |
| Wayne | 1012 |
| | 2875 |

On January 1st, 1920 we had 2642 members. The above reveals our membership on January 1st, 1921 as 2875, a net gain of 233. Twenty-nine deaths occurred during the year. There were 323 members dropped by reason of removals and non-payment of dues, thus making a total membership gain for the year of 585. We have at present the largest enrolled membership in the history of our Society.

The following county societies, according to our records held no meetings during the year—Chippewa-Luce-Mackinaw, Livingston, Mason, Midland, Osceola-Lake, and Presque-Isle. The Councillors in whose districts these societies are located must be consulted as to what action shall be taken in regard to them.

The following members are recorded as having responded to their last call:

| | |
|----------------------------------|---------------|
| Doctor W. J. Herrington | Bax Axe |
| Doctor Bruce R. Leighton | Kalamazoo |
| Doctor Philip G. Sanderson | Detroit |
| Doctor Leon B. Harris | Saginaw |
| Doctor James Fraser | Lexington |
| Doctor Miles Bristol | Bay City |
| Doctor Benjamin Brodie | Detroit |
| Doctor E. A. De Camp | Flint |
| Doctor Stanley Insley | Grayling |
| Doctor Christian Schneider | Cross Village |
| Doctor C. MacLaughlin | Elwell |
| Doctor G. Campbell | Detroit |
| Doctor A. E. Greene | Lansing |
| Doctor W. T. Lungerhausen | Mt. Clemens |
| Doctor W. C. Bell | Detroit |
| Doctor E. P. Partlow | Constantine |
| Doctor J. D. McEachron | Vermontville |
| Doctor H. J. Carstens | Detroit |
| Doctor Victor Sisung | Monroe |
| Doctor H. Beach Morse | Bay City |
| Doctor L. J. Locy | Davison |
| Doctor A. J. Hamlen | Detroit |
| Doctor S. J. Lukaszewski | Detroit |
| Doctor W. H. Niles | Marshall |
| Doctor W. R. Hicks | Menominee |
| Doctor K. A. Kanzler | Saginaw |
| Doctor M. B. King | Flint |
| Doctor E. C. Kinsman | Saginaw |
| Doctor W. H. Baldwin | Coldwater |
| Doctor B. R. Schenck | Detroit |

From the perusal of the above list there at once stands out the names of Doctor H. J. Carstens and Benjamin R. Schenck, former President and former Secretary-Editor. No eulogy of mine can record the summarization of all that they did toward elevating and inspiring the profession of Michigan, or the time and energy they expended to lay the foundation and make it possible for our Society to be what it is today. In all sincerity do we pay tribute to them and revere their memory.

SOCIETY ACTIVITY

We believe that our county societies are alert to the trend of events and stand ready to assume

their part in the arena as soon as they are called upon to advance. It but remains for the proper officials and committees to determine the policy to be pursued and the campaign to be undertaken. It is not within my province to outline such a policy. Of this I am certain that with the organizational strength under command, by upright and concerted action undesirable projects and perpetrations that some seek to institute by state legislation can be defeated. Further, that we can also direct and obtain any legislation the majority of our members desire. If we but employ our potential powers and concentrate our efforts along proper channels we need have no fear as to the future. Our greatest danger lies in our placidity. The reveille must be sounded and our campaign must be pressed forward immediately.

Some diversified activity in regard to legislative matters has already manifested itself. We consider such activity with no little concern for the reason that unless it emanates from our state organization it is bereft of its most potential prestige. The need presents for uniform, centralized effort and attack. Individual or group initiative will but imply division and appearances that we are in disagreement amongst ourselves. It is imperative that we observe and profit by the advice given to our New York colleagues—"Doctors, go home and organize. Then come back and tell us what you all want and we will give it to you." There is much for reflection and guidance in that advice. Shall we not so act as to profit thereby?

REGIONAL CLINICS.

We respectfully refer you to the November Journal for the plans and recruited teams available for clinical meetings. Our bookings are increasing and the next five months will witness a large number of valuable scientific meetings. For the progress of this feature of society work we must refer you to the reports of these clinics as they will be published under County Society news in the Journal. The achievement thus far is indicative of the promising value of this State Society activity.

ANNUAL MEETING.

The House of Delegates designated Bay City as the place for holding our next Annual Meeting. It devolves upon the Council to select the dates upon which it shall be held.

OUR UNIVERSITY MEDICAL DEPARTMENT.

Our attention is called with increasing frequency to certain rumors and complaints regarding the activities and policies of the Medical Department of our State University, its faculty members and the University Hospital. We have attempted to establish the basis for such commentaries but have been unsuccessful. Our attitude has been that of a willing mediator in order that truth or untruth might be exposed. We realized that naught but harm and disruption would ensue were an alienation to take place between the profession of the State and the Medical Department's personnel. It has been more

than passing concern that these repeated charges are voiced but substantiating or generating facts are withheld. We felt it our official duty to suggest that a conference be held wherein the opportunity would be afforded for a frank discussion of policy and administration in order that misinterpretation be squelched. That opportunity likewise be given those who, if there are any, may present their grievances. To this end the President and Faculty of the Medical Department have arranged such a conference on the afternoon of January thirteenth. We urge that the Council attend in a body, or if that is impossible that a Committee of Councillors be appointed to be present at that conference.

Certain we are that no just reason can exist if a frank discussion of mutual interests be discussed and a basis of activity be outlined and its apparent and implied intent be recognized. We have ever considered and do now hold that it is inimical to our mutual interests if we permit a divorce of our relationship and inter-communication to occur. We also feel that we would be negligent did we permit a rupture to result without having made honorable attempt to forestall such a dissention. Such has been our sole purpose and activity.

CONCLUSION.

In conclusion I wish to present and record my personal appreciation for your bestowed confidence and the many courtesies extended. Trying as are some of our problems and duties, I ever feel that I can never fully meet up to or counterbalance the trust and honor you bestow. I realize fully that this report is indefinite upon some and silent upon other features of our Society work. I am unable to make it otherwise because we are in a transitional state of world affairs. Civic, industrial, and social intercourse manifest such unstable tendencies that final appraisal and definite policies are made untenable over night. The horizon is still so beclouded that we are unable to prognosticate what the future holds in store. I am, perforce compelled to withhold specific and definite recommendations and conclusions. We cannot do otherwise but remain alert, make frequent reckoning of our bearings, and cause our activities to conform to the propelling changing forces under and by the aid of your collective advice, judgment and aid. To do so is the attitude that we cheerfully and appreciatively assume.

Respectfully submitted

F. C. Warnshuis, Secretary-Editor.

Chairman Kay referred the several sections of the report to the standing committees of the Council.

TREASURER'S REPORT.

The following report of the Treasurer, D. Emmett Welsh, was presented.

January 10, 1921.

To the Council of the
Michigan State Medical Society.

Gentlemen:

The following will convey to you the amount of funds of the Michigan State Medical Society

in my hands for the year ending December 31st, 1920.

| | |
|--|------------|
| Citizens Telephone Co. | |
| Bonds No. 139 and 140 ----- | \$2,000.00 |
| Masonic Temple Bonds | |
| 18—\$100.00 Bonds No. 199 to 216 inclusive. | |
| 5—\$100.00 Bonds No. 225 to 229 inclusive ----- | 2,300.00 |
| U. S. Liberty Bonds 1st Issue 3½% No. 8450 ----- | 500.00 |
| U. S. Liberty Bonds 2nd Issue 4¼% No. E 00018035 ----- | 1,000.00 |
| No. B 00015757 ----- | 500.00 |
| U. S. Liberty Bonds 3rd Issue 4¼% No. 1466140 ----- | 1,000.00 |
| No. 572985 ----- | 500.00 |
| Total ----- | \$7,800.00 |

The following will convey to you the amount of funds on hand in the Defense Fund for the year ending December 31st, 1920.

| | |
|---|----------|
| U. S. Liberty Bonds 2nd Issue 4¼% No. A 00015756 ----- | 500.00 |
| Balance in checking account at the Peoples State Bank at Detroit, Mich. | 415.64 |
| Total ----- | \$915.64 |

Respectfully submitted.

Treasurer, D. Emmett Welsh.

MEDICO-LEGAL COMMITTEE REPORT.

Chairman Tibbals of the Medico-Legal Committee submitted his report, regarding the activities of that committee.

Detroit, Mich., Jan. 3, 1921.

The Council,
Michigan State Medical Society.

Gentlemen:

The Medico-Legal Committee beg to report that 1920 was a successful year in all respects, especially from the financial standpoint. We were able to get through the year with the funds available and returned the loan of \$1,000, made by the Council, without spending any of it.

The number of new cases reported is 22—maintaining the constant average of approximately one suit or threat for each 100 members of the State Society.

Beginning with 1921 another dollar per member goes into the Medico-Legal Fund, which may enable us to again accumulate a reserve. A surplus available for this fund is essential, because a bad year is always to be anticipated, a year in which an unusual number of cases reach trial or in which one or two cases prove very expensive. 1919 was such a year, where the annual retainer to our general attorneys and the expense of one suit took about all our income for the entire year.

During 1921 we have to re-try that case (Sinclair vs. Brunson) owing to a reversal in the Supreme Court. While we are not anxious as to the outcome, we are sorry to have to face the unexpected outlay. The Babcock case, ap-

pealed by us, during 1920 was won in the Supreme Court.

All other trial cases resulted in our favor.

The facts in the Brunson case are familiar to you, a charge of negligence in the care of an unusual case, where the true pathological condition was not recognized until the patient was taken to a Chicago surgeon, whose deposition stated the case to be one of Endarteritis Obliterans, a condition where no treatment avails except amputation above the point of obstruction.

The Supreme Court reversal must have been on some legal technicality, rather than on the medical facts presented.

Respectfully submitted,

F. B. Tibbals, Chairman.

These several reports were referred to standing committees.

The Council then went into informal session and discussion of organizational and professional problems were entered upon by Drs. Kennedy, Frothingham, Keifer, Toles, Dodge, DuBois, Kay, Jackson, Seeley, President McLean, Church, Buckland and the Chairman.

It was moved by Councilor Dodge, supported by Councilor Seeley that the following resolution be adopted:

Resolved, that the Council recommends to the State Board of Education that it require, in the high and normal schools of the State, the teaching of hygiene, dietetics and preventative medicine; that all teachers in such schools be required to inform themselves upon the fundamentals of these subjects. That a committee of three be appointed by the President to co-operate with a similar committee from the State Board of Education.

Carried.

Moved by Councilor Toles, supported by Councilor DuBois, that it is the judgment of the Council that the profession lend its support to the bill introduced in our legislature providing for County Health Officers and that the bill be hereby approved by the State Medical Society.

Carried.

Moved by Councilor DuBois, supported by Councilor Dodge, that the Council endorse the work accomplished and now being carried on by the Legislative Committee of the Wayne County Medical Society and recommends to the House of Delegates that it consider the advisability of adopting this plan in the interests of the profession of the entire State.

Carried.

SECOND SESSION.

The second session of the Council was held in the Wayne County Medical Society building

on Jan. 13, 1921, at 8 a. m. The Chairman called the meeting together with the following Councilors present: Kay, Toles, Church, DeBois, Parks, Randall, Southworth, McLurg, Jackson, Buckland, Dodge, Seeley, President McLean and the Secretary-Editor.

Committee on Society work reported as follows:

That the councilors in whose districts county societies have not held meetings during the year be authorized to take whatever means seems best to re-awaken interest in these societies. In this connection it might be well to call the attention of these societies to the opportunities of securing good programs through the clinic teams recently organized by the State Society.

That councilors be asked to secure the active co-operation of their local societies in defeating the proposed legislation in regard to health insurance and medical fees and in supporting the bills proposed by the State Advisory Board of Health for providing free diphtheria antitoxin and for establishing a system of county health officers.

This should include personal interviews with and letters to local members of the State Legislature.

That the Council approves of the plan of regional clinics recently instituted and pledges its support for the further development of the plan.

That the dates for the next annual meeting of the Society at Bay City shall be May 24, 25 and 26.

That the report of the Medico-Legal Committee be accepted and that the Council hereby express its appreciation of the work of the Committee.

John B. Jackson,
J. Mc Lurg,
H. C. Randall.

Committee on Finance reported as follows:

The reports of the Secretary-Editor and Treasurer have been inspected and being certified to by Ernst & Ernst, public accountants, and we find them to be correct.

Your Committee recommends that the railroad fare of the delegates of the A. M. A. be paid, but that no allowance be paid them for hotel bills or other expenses.

We further recommend that the expense for badges for the annual meeting of the State meeting be limited to one hundred dollars.

We further recommend that there be no expenses allowed for invited guests at the annual meeting.

We would recommend that an honorarium of \$100.00 be given D. Emmett Welsh, Treasurer for the past year.

Respectfully submitted,
W. T. Dodge,
S. K. Church,
W. J. DuBois.

Journal Committee reported as follows:

Your committee on Publication reports: That in view of the unsettled financial condi-

tions of the Country, publication expenses have been advancing and burdensome. In our opinion the maximum has been reached and we believe a reduction of prices may be anticipated so that in another year we may expect the Journal to be again self supporting. We therefore do not recommend any radical changes by way of increased dues, or advertising rates but rather to allow our resources to carry the burden during the stress of these unsettled conditions.

We recommend that no contract be made for publication **until stable conditions** prevail.

A. L. Seeley,
L. W. Toles,
R. S. Buckland.

The several Committee reports were adopted.

ELECTION OF OFFICERS.

Councilor DuBois nominated F. C. Warnshuis of Grand Rapids, as Secretary-Editor for the ensuing year. Supported by Councilor Mc Lurg.

Councilor Randall nominated W. H. Marshall, of Flint, for the same office.

Dr. Manwaring and Dr. De Kleine, of Flint, were accorded the privileges of the floor to support the nomination of Dr. Marshall.

Chairman Kay appointed Councilors Seeley and Randall as tellers.

The result of the ballot was:

Warnshuis 11 votes
Marshall 1 vote

Councilor Randall, supported by Councilor DuBois, moved that the election of F. C. Warnshuis be made unanimous. Carried.

Councilor Dodge, supported by Councilor Southworth, moved that the Secretary cast the ballot for D. Emmett Welsh as Treasurer. Carried and Dr. Welsh was declared elected.

Councilor Seeley, supported by Councilor Church, moved that each Councilor take steps to secure the appointment of correspondents to the Journal from his district. Carried.

It was the expression of the Council that the proposed revision of our Constitution and By-Laws be published in the Journal before the Annual Meeting.

Councilor Church, supported by Councilor Jackson, moved a rising vote of thanks to President McLean for his hospitality and splendid dinner entertainment.

President McLean addressed the Council.

Moved by Councilor Jackson, supported by Councilor Seeley, that the Secretary employ a stenographer to report the Conference Meeting to be held in Ann Arbor with the University officials. Carried.

The Council then adjourned.

F. C. Warnshuis, Secretary.

Conference Meeting Ann Arbor

STENOGRAPHIC REPORT OF THE CONFERENCE HELD WITH THE PRESIDENT OF THE MICHIGAN UNIVERSITY RELATIVE TO PROPOSED PLANS FOR ADMINISTRATION OF THE UNIVERSITY HOSPITAL.

Editor's Note: Upon proper advice we are imparting for our members' benefit part of the discussion that occurred during this conference. We wish it understood that the following is taken from the stenographer's unedited and un-revised notes. None of the copy has been submitted to the speakers quoted. We have not attempted to make any correction lest we be charged with changing a speaker's thought. We have omitted some of the remarks of some of the speakers because of lack of space. We are unable to publish the remarks of Dr. J. W. Vaughan because the stenographer had not submitted his copy at the time of going to press.

We realize the interest of the profession. Those who were not able to be present are

anxious to know what was said. We feel we are giving them a fair insight to the drift of the discussion. Later we hope to give more complete information.

Dr. Peterson: It gives me pleasure to introduce President Burton of the University of Michigan. (Applause)

President Burton: Dr. Peterson and members of the Medical Profession. I want to begin by expressing to each one of you our very great appreciation of the response which you have made to our invitation to come here and discuss the program for the University Hospital. I think it will be not inappropriate for me to say to you that you are more welcome here at Ann Arbor and at the University of Michigan than possibly you can realize, for after all there is nothing that we appreciate quite so much as an opportunity such as this, to come in contact with the highly selected, representing we believe intelligence, public service and the desire to really be of value to every citizen of the State.

Now I am conscious with you that it is not possible for all of us ever to agree upon anything that is really fundamental and vital and the purpose of your coming is not to attempt to make

us all think alike about anything. When I was a teacher the kind of a student I liked best was the one who disagreed with me because I was pretty sure he thought he heard what I said, but at any rate there was evidence of interest and sincerity and a desire on his part to enter into the game that we desired to play. So I am not primarily concerned today about our agreeing on this thing, but I am concerned in our all coming if possible to a very clear understanding of the facts indicated in the programme with which we are dealing. This gathering was called specifically by the staff of the University Hospital without my knowledge and one day they sent one of their representatives to me and asked me if I would be willing to come and preside at the gathering of physicians and surgeons of the State called by the staff of the University Hospital and I said that presiding was my specialty, that if there was any one thing that I felt that I ought to be able to do, it was to preside and they inveigled me into accepting the invitation; at that time they said absolutely nothing about their desire that I should make a speech but gradually day by day there came whisperings from various sources that they thought perhaps when these distinguished men gathered it would be my duty as president, rather than their duty as members of the hospital staff, to tell you what our plans for the University Hospital and again they inveigled me into accepting the invitation and I am perfectly willing to admit to you that if a speech had to be made on any subject, I would rather make it than listen to it.

I do not come to you as a person who poses as a specialist in this field, as one who thinks he knows all that ought to be done in connection with the hospitals of America; I come to you as President of the University, as one whose only work in life with the exception of seven months, has been in educational institutions. I look at some of these problems not so much in their concrete form as in their relationship to the University, and to the State as a whole and the general organization we develop here. So our plans and purposes in this gathering, gentlemen and ladies, are these:

We want to discuss with you the problems of the University Hospital and it seemed to us that it would enable us to focus the discussion and get somewhere in our gathering this afternoon, if in the beginning I should make a brief statement in regard to our plans. Now for the purpose of our hospital staff, and those of you who are not physicians and surgeons will pardon me in saying this, I want to say to you that to me the most delightful and worthy man in the world is the medical man. I never expect to fathom the mysteries of the medical man, it is too great for me, yet I have the most profound respect for the medical profession and it has made more contributions to American educational institutions than any other type, unless it is the academic type. There is a little book entitled, "History on Education." If sometime you want to relieve your mind of some of the strain, I suggest you read this book. I have no doubt you have heard a great many times the incident of the colored parson who rose one morning before his

congregation and said "there are just two ways to go, one is the bright wide and shining path that leads to destruction and the other is the straight and narrow path which leads to sure perdition." Whereupon Deacon Jones said, "Brethren if that am true, this member takes to the woods." I am brother Jones, I think sometimes this problem of education and democracy, and these problems of medicine, that we are headed for sure perdition and I often feel like taking to the woods.

Having said all that, I come back to tell you what I think about it. You know one of my pet sayings is that "life is too serious to be taken too seriously." That is the way I feel about this discussion this afternoon, I think it is altogether too serious to be taken too seriously. Now I don't want to say that with what I had termed the brutal frankness of the blood relative, the bloody frankness of the brute relative, I don't want to push it into you too far. I think we will get along better if we don't take it quite so seriously as I have seen some medical men.

After all this I want to say my speech has four main points. First, and I am speaking now not so much from the standpoint of the hospitals, as I am speaking from the standpoint of the University of Michigan. We are concerned today primarily with the University problem and of course that problem focuses in the University Hospital, but as I see the situation with which we are dealing with men and women, it is the function of this University so far as medicine is concerned, and particularly today in connection with this hospital, the function ranges principally in three or four directions. I think every person in the room would agree with me that our first task is to teach young men and women medicine and other things they need, to become practitioners and surgeons; we have a teaching function. Now you can expand that and say we also have application to the medical profession of the state, that is to say we ought to for the doctors of the state who care for it, and there is our teaching function.

I think you will agree with me too, we have a research function. I suppose there isn't anything that interests everyone of you more than what this university through its hospital is attempting to do for the expansion of knowledge, for a clearer understanding of the problems with which you deal. I think you agree with me that is one of the functions and also that the third function is the care of patients in our University Hospital. At any rate the representatives of the people in this state have laid upon us the necessity for caring of certain types of patients. As I see it here, our three functions, and the one thing I want to keep in mind all through the discussion, is this, that we are concerned primarily with the educational problem and if you please, a university problem as expressed through its university hospital. That goes in a good many directions and that says a good many things, a good many things could be said in the negative point of view, but I insist the thing we are dealing with here today is not this thing or that thing that somebody has imagined, the thing that we have come here together to deal with today is the educa-

*Comparative
Calculus*

tional problem. Now, I am perfectly willing to admit also, ladies and gentlemen, that perhaps from a secondary point of view, the problem we are discussing today, is of very vital importance to the medical profession of the state, that is the reason we are here. It is to be presumed that every person in this room is primarily concerned about the standards of the medical profession of the state of Michigan, it is to be presumed beyond that, that everyone is concerned about the public health of the state.

And also about the welfare of the people of Michigan, and it is from, if I may see it in no immodest way, it from this high-minded point of view or from this high level that it is necessary for us to approach the consideration of our problem today. We are concerned with the welfare of Michigan and more specifically about an educational problem as it relates to the University and specifically to your University Hospital.

Now my second main point is this, how have the Universities of the past attempted to perform these duties? To exercise these functions, namely the teaching of students, the conducting of investigation and research work and the care of patients for the state, how has this been done in the past? I want to take the time to describe how this has been done in the past and far be it from me to say a word which would cast the slightest reflection on men who have made the medical profession what it is in the United States and what I am about to say I am not thinking so much of its limitations, as I am thinking of the issue which recent dictates of the American Medical Society have forced upon us, and that is a more thorough grappling with the problems of education. I think it may be necessary to set down three or four things in regard to the plans which Universities have used to perform these functions. There have been men who have been wonderful practitioners and have developed these medical centers which we have in America, other men who were interested in the science, these men sometimes have received no salaries at all, sometimes a mere pittance to make it impossible for people to say that he is willing to give all that time just in order that his own time may be utilized by the University, sometimes he has received a salary just as inadequate as the University teachers of today, but whether small or not, he has been a part time man because he is really elected to the practice of his own profession, if that means the supporting of himself and his family, he has derived his livelihood from the practice of his profession, and along this plan usually and certainly in State Universities, the hospital has been only organized primarily for the care of patients of the state, if I am correctly informed and if my experience has not been too limited, has been given over entirely to the care of the free patients or pauper patients, however you may care to describe them. The instructor was subject to a dual allegiance, he on one hand was serving his hospital for the University and on the other hand inevitably and in a self-respecting fashion, serving his family and earning his livelihood. The difficulties with the plan have

been that it has been at times rather difficult to secure the type of man that ought to be secured and at certain times it has been difficult to maintain the standard of medical education and there have been certain limits in this scheme. It has been a plan which has represented a most conscientious effort to do the very best we could do. I beg of you not to think that I am in a critical mood in regard to the medical education.

My third main point is this. More recently there has developed a plan for Universities meeting this function which it is rather difficult to describe, but which is not the plan which we propose for your discussion and consideration this afternoon, but which has met with some favor in medical education and particularly so far as it relates to the hospital. For the sake of clearness, let me call this—I don't know as I ought to—let us call this Flexner's plan, maybe that will tell you more quickly than anything else I can say. If Dr. Cabot would permit, I would use his phrase, academic plan. Just what do I mean by this plan that I offer as a second suggestion for the University performing its functions? It is the plan if you please that has been adopted at the Washington University of St. Louis. It is full time and yet it carries with it certain limitations and a particularly good phrasing of our hospital problems of today if we are going to get any place with it. Let us look at the clinician end of it. This clinician is essentially a scientist. I hope you will correct me if I am wrong. I think he says he prefers a man who hasn't had clinical experience, he wants a man who is first and foremost a scientist for his clinical chief. He wants this man however, to devote his entire time to the hospital and under this plan I suppose it could be said that the hospital could be characterized as a place where there are case more than patients. That it would be a place where people are taken care of, where human folks are attended to, where there are interesting cases to be studied from a research point of view, and I think under this plan which we will call the academic full time plan, just as the clinician is essentially scientist and just as the hospital is given over to the care of cases rather than patients, so, too, it must be pointed out that the plan as a whole fails to grapple with certain unescapable duties:

Here is the plan: Where are the weaknesses of this plan. First of all it fails to recognize that medicine it seems to me is an art as well as a science, it does seem to me that the plan as I have outlined it here, has really that unescapable defect that it puts the emphasis so strongly upon the science of medicine that it gets away from the art. There is another thing that it seems to me, it fails to do, and that is to name the type of man that we must have as our clinical chiefs, for it seems to me it must draw its man either from perfectly fine young men who are scientists of the first rank or those who have already passed the zenith of their careers and possibly cannot give to the hospital the service it needs. It seems to me the academic full time plan fails to come face to face with something you might

just as well admit at the beginning, doesn't come up with the market situation, for after all, an experienced well established clinician has value not only in a medical school, but also as a practitioner in the open market and we might as well run our heads against a stone wall as to attempt to disregard the situation. Now those are certain phases of this problem as they occur to me. It seems to me the essential weakness of this scheme is that it won't work. There are certainly some defects here. Here are some of the things which would suggest to us the possible weakness and defect in the original full time plan which was suggested ten or fifteen years ago. Here are the elements of strength in this plan. They are tremendous. For example I think everyone here will admit that this plan as compiled was to search with care, our standards of medical education. I think we all agree on this plan as put and with real emphasis on the research, also that it has really forced the issue in regard to hospitals and medical education from the University point of view. I wish I had time this afternoon to tell you of my wonderful conference with Mr. Vincent. I think I know what he thinks. I am quite sure he gives his loyalty to have this thing we call research and education everywhere and I think he is personally concerned about this thing as it is ultimately to work itself out.

I should like to pass to my fourth and final main point and present to you a plan which it seems to me may be offered for consideration as a method for performing the functions which I described at the beginning.

My first main point is that we are dealing with educational problems. My second main point is that there has been this older method as I characterized part time. My third main point is that it has been succeeded by a method which might be characterized as Flexners. And I come now to this fourth point and I say method we may discuss here, or anything else we may want to to-day—is a method for the performing of these functions which will endeavor to minimize the weakness and avail itself of the elements of strength. Now is there such a plan? I think there is and that is the thing that I want to very briefly set before you.

Now perhaps I might describe this plan as the group full time plan. Under this plan just where would we get our clinician, what kind of a man would he be? This clinician would be a man of experience in his profession, a man in his prime, a man who by the things which he has done would command the confidence of his colleagues in the medical profession. In the second place he must be a man who will be willing to say "my primary interest in life is science and education, rather than the amassing of funds or wealth." I don't mean to say anything here which I think won't admit of the high standard of the academic full time plan, I but I think we should have a clinical chief who always demands the respect of the medical profession and who at the same time is willing to say, "I am ready and willing to give up the limousine habit" as some people call it, I am willing to give up a lot of

things, and I am willing to come to Ann Arbor and live in a house that is not as nice as I would live in, and I am willing to do that because I think there is nothing that suits me quite so much as being able to push a little further or broaden the realm of knowledge.

Now this man would receive his entire professional income, because he might have some money that he brought with him that he made before he come here, I should hope he would, but bear in mind that his full professional income would come from the University and moreover when he comes to us we would guarantee to him a minimum annual income. You say "get down to brass tacks" and tell us what you propose. You say now he is just as slippery as all University Presidents, he can come to the point and then dodge it, and I don't mean to evade the issue, but at the same time I have no authority to say what the University of Michigan will propose if this plan is adopted and put in operation. We know Dr. Janeway started at \$10,000. You also know this University for a salary in the medical school or clinical work in the hospital has paid as high as \$15,000 and on the basis of practicing value of the doctor, when Dr. Janeway received \$10,000. I think we are paying a little less than they did. What we want is real value more than what can be said rigid terms of Arabic numerals. This is a hint of what we think this clinic chief ought to have. What about the hospital under this plan. Well, here is where we come to the real test of the President's diplomacy. Now let us look at it without any camouflage or any effort to avoid the unpleasant phase of the situation.

First of all it seems to me this hospital ought to be a place where human beings ought to be taken care of. Through our service we shall really treat these people as individuals who deserve the best attention that the state can give them, regardless of that particular group or strata of society from which they may come. In the second place this hospital would have in it no private patients, no method by which any patient in this hospital could pay \$1.00 to anyone who treated him or took care of him professionally. In the third place it would mean the hospital would use all of its fees for the upkeep of the hospital and its clinical staff. In the fourth place there would be opportunity to give more and more support to the men who devote themselves entirely to the research end of the work and the fundamental science of the organization. Now this hospital in the fifth place would be one which would receive all kinds of types of people for you must remember at times at least not only the situation that you face, but the situation that we face, of the outward point of view of the university exhausting its educational function, that the student or doctor or interne who is in that hospital must have an opportunity to come in contact with all types of people. I am of the impression that any man who is trained to take care of one type of people, and particularly paupers is not trained to come into your home and mine to do that careful, psychological work that often needs to be done. That is one side of the

problem. You know, as I said to the hospital staff the other day, I said I would like to deliver to you from the layman's point of view, what I considered a successful doctor. You must remember when the state provides a hospital for us that there are a good many young people in the state who just because they are rich, cannot understand why we exclude them from a hospital. They think the hospital should be available for every citizen of the state of Michigan, so this in brief outline would be the kind of a hospital that we could have under this group medicine plan. What are the arguments against this plan? Perhaps you say you don't need to tell us that, perhaps I have reason to tell it to you first, what are the arguments against such a plan? Well first of all ladies and gentlemen, it is said, please observe I say "it is said" that this makes the university hospital a **competitor with the medical profession of the state. It does.** In what it seems to me must be recognized if carefully thought through in a very fair and limited fashion. Secondly, it is said that this is an effort on the part of the University to get some more patients. It is an effort on the part of the University to get a place to put the patients that want to come in and are standing around Ann Arbor waiting to get in, and I beg of you to remember, and I say it with seriousness, we don't want more patients than we need to do our educational job. We aren't here for any other purpose than for educational purposes, that we are not here to be unfair to you or to enter into competition with you or do anything which seems to be going in excess of the just and real exercise of the functions which the State has asked us to perform. The fact of the matter is, we have got more patients now than we know what to do with and you know and everyone knows that the minute we open that new hospital under construction, it will be filled to overflowing, and that it will enable us thereby to have these funds which will make it possible for us to maintain our clinical staff in the way that it ought to be maintained.

Now it is also said, please note, I am speaking now with the utmost candor and sincerity, it is said this is a plan which is intended to lead the State Medicine. It is not, **emphatically.** (Applause). May I say to you on the contrary that it is put forward as a constructive response to the situation which if adopted, will enable us to avoid State medicine. Let us look at that for just a minute. State Medicine, while perhaps—I will begin by saying to you and I think I may say it officially, that the faculty of the medical school, I will put it this way, the University of Michigan and I speak officially as its President and its representative, believe in the open competition of free individuals as medical practitioners. Now if anybody disagrees with that, alright, but that is the basis on which we have taken our stand and this doesn't squirm in the direction of state medicine and I am rather of the impression that those who say it does, are guilty of one or two things which I will not enumerate. If T. R. was alive he would apply a little word to it.

I want to say one other thing that I guess isn't

necessary, which is the reason I say it. It is said this plan is State Insurance. You know at this point I wonder if I should run over to the Bureau of Tests and Measurements and see if I am all right. I think a man would have to be terribly cross-eyed to get any connection between the two. I want to say at this point we are opposed to it. Don't let there be any misunderstanding about this. I think there are some things that I know what I am talking about and this is one of them. Having said all of that, and reaching the point which to me is somewhat more pleasant, let us ask the question, what points are in favor of this group medicine full time plan? First of all gentlemen, it seems to me that as I have already said, recognize worth, that there is a worthy side, not as the art or practice of medicine. In the second place, it seems to me that it makes it possible for us to secure those types of men for clinicians which will mean a much larger service for the university and for the state. In the third place it seems to me it puts the additional burden of taxation where it belongs, namely on those who ought to be permitted in a self-respecting fashion to pay for what they get. In the fourth place it seems to me and as of the duties of group medicine you know it is not possible really in this day and generation without medical laboratory fixtures, to do what ought to be done and we believe this group medicine plan makes possible that kind of a provision. May I also add, that this thing has been tried out and worked out, but I grant to you it has been tried under private organization, but I think it will be extremely valuable not to have the State try it under the conditions which I have been trying to enumerate. In other words, here is a constructive suggestion, by means of which we may work our hospital program—it is based on the assumption and pre-supposition that we will endeavor to maintain the status quo of the medical profession of the State of Michigan. It is not life insurance, it is a plan based upon the knowledge that we will maintain the profession in high standards, that we will be of service to the profession of the entire state, that we will keep it from degenerating as far as it sometimes has done in the Army and Navy, we will have something which it seems to me will enable the University to perform its functions of teaching students and giving further instructions to the physicians who desire it, of engaging in research work, and in caring for patients on a human basis, all of it in such a way that it doesn't compete unfairly with the medical profession, it does it in a limited fashion, it does it with the greatest help to the medical profession and the men of the state. I wonder if you would think it would be unduly visionary if I would say now men, for the moment let us clear the books, do you remember in the old days when we used the slates for which we used to supply the moisture in an automatic fashion and do you remember sometimes where you had worked the whole thing on both sides and the answer was wrong, sometimes you would smash the slate and sometimes rub the whole thing out. Suppose we could start

now to have here in the State of Michigan a University Hospital which would be satisfactory to all of us, educators, professional men and citizens of the state. Suppose in fact that you and I had gathered here today for the purpose of considering some scheme in which we could do this in the best possible way, and suppose I was here as the representative of the leading educational institution of the state and suppose as I look out over this gathering, I could see men with earnest faces, men seriously concerned about the welfare of their several cities, men whose whole thought in this affair was not just exactly where or how they were coming out, but whose chief concern was how can we do this thing in the way it ought to be done and win, and then suppose I would say to you men, if this is your spirit, I in turn on behalf of the University will attempt to bring out this condition. Some of you are leaders with a fine practice, with an income exceeding by ten times anything that this University can ever pay you, there are some men whose chief concern in life is science and medicine and the welfare of the State of Michigan. I say if there are, the University will attempt to be the patron of science and medicine to the extent of assuring you—not that you can ever have the income you are having now, not that you can ever do what you are doing now, not that you can continue to live on the same plane you are now living, but we will promise to give you enough so you won't die in the poorhouse, enough so you can look everyone else straight in the eye and still have a reason that you can respect yourself, it will keep your soul from scraping when you go through a narrow door, I say maybe \$15,000 as a hint of what it may be, if you will bind yourself together to develop this plan, then I will see for the University if we can put upon you the assurance we are suggesting.

Suppose enough men come forward so we will have enough men for surgery, medicine, and all these other fields, and suppose this group gets together and sets up a hospital on this basis, that none of them are to have a profit patient, that when he performs an operation he won't know whether he is dealing with a man that can pay \$25,000 or \$25.00; suppose all he knows is that he is set there in the name of medicine and science to make the thing what it ought to be, and at the same time that he doesn't have to serve two masters, and then suppose the rest of you say, that's splendid on their part, that is magnificent. I can see that means a certain amount of competition in one point of view for me, but it means the highest kind of medical standard for our state. It will go through for with the support of the medical profession of this state we are going to do the most distinctive thing in medical education that has been done anywhere. Suppose we all get behind it and say here's a chance worth a test. Its from that point of view that I have been looking at it. I would like to have you tell me where the defects are. We haven't something all made that we want to thrust down somebody's throat. We have something that we want to make the medical profes-

sion proud that every man is a member of, or to develop conditions here which after all will make a contribution to science and public welfare, which you and I hold sacred. (Applause.)

Now ladies and gentlemen I am sorry that I took so much time, maybe it was necessary to get something started, that we should put something up for us to discuss. You have been invited here to enter into this discussion and we shall be glad to hear from any of you. I want to say it was requested that we have here stenographers so bear in mind whatever you say it is being taken down, that always helps one to know that what he says is what he really thinks. I don't know who wants to take the floor first, I want to say I have promised Dr. Cabot who has promised Dr. McLean to present his point of view of the State Medical Society to the State University and we shall be glad to hear from Dr. McLean any time. (Applause.)

PRESIDENT MCLEAN.

Dr. McLean: I feel very much like your Honorable President. I have been somewhat inveigled into this, but before my few remarks are through, I think you will probably notice there is quite a little difference between us, my modesty will be much less than his.

The President has put this question before you and if I hadn't known something of this before, I don't know whether I would have followed him just right, so in my remarks I will probably refer to some of my own impressions, which he did not express. He was very kind to the medical profession. He said they had an amazing mind and a fascinating mind, but he left the great word out, the sympathetic mind. Now it is this sympathetic mind that is going to rule this meeting I believe, because the profession at large have a great deal of sympathy for the sick and injured, they have a great deal of sympathy for the University of Michigan, but they have some for themselves and it is this latter part that they will want to know what sympathy is going to be left for them when this thing is arranged.

He said this was entirely built upon three points, the three functions, the function of teaching, of research and the other function, the art of medicine, of treating the citizens of Michigan who need medical treatment. Now it is the latter that interests the State Medical Society more than the others. We are all interested in the other, but how the latter shall be done is the great question. Now he talked about the full time man and the part time man and the academic course, we are more or less familiar with but the fees, just exactly what the President meant by that, I don't know whether one man would be charged more than some other, or would that be a fair question?

President Burton: Certainly, Dr. Parnall will you answer that question?

Dr. Parnall: The answer is yes.

Dr. McLean: May I ask another question. On what ratio would that fee be charged, would you take a man's circumstances into considera-

tion, or would it be a set fee of say \$1,000 for removal of a tumor, or how?

Dr. Parnall: On the same basis you would set yourself.

Dr. McLean: They wouldn't be charged anything doctor.

(Applause).

That would be all right.

President Burton: That is true of a lot of patients here.

Dr. McLean: The others you will make pay for the fellows that didn't pay, is that the idea? Well, we will take it for granted the people that can afford it, will be charged and may I ask what becomes of the fee?

The President: That goes to the University, never to the doctor.

Dr. McLean: Things haven't changed. I have been 30 years in practice and this is the first time I have ever been invited to the University so I hope I will be pardoned if I ask unnecessary questions. We will take up that third part. Then I judge from this whole affair that if this is so, you are going to treat the people of Michigan, take in other persons and the university will charge a fee, you will require a large hospital, may I ask how large a hospital it would be? How many rooms?

Dr. Parnall: Just as small a number as is possible to carry out the program of education.

Dr. McLean: Is this charge or these fees that are turned over to the University, is this a part of the research work?

Dr. Parnall: Who pays for the research?

Dr. McLean: I thought the tax payer, we are all more or less taxpayers, a certain portion of that goes to the University, then as tax payers we should all be interested in it, we pay taxes to support this hospital and we pay taxes to keep up this research and then after that the man that comes here, he is charged a fee also to keep that up. Now the point I am getting at is this, here is a man who comes from Saginaw we will say, if he comes here or is sent here, now then if that man is charged a fee and pays the fee in here, then that goes to the University, you use that fee to teach these young men, some of them go back to Saginaw, he is still disposed to send those patients here, where is this young man coming out in a few years. It takes state taxes to teach them and then it goes back to support the University, that is a question I will leave to the gentlemen to decide how it is going to work out. Whether you will become popular with the medical men I don't know. The next thing is material for the teaching. Suppose you want 1200 or 1600 beds, how many have you now?

President: Four hundred.

Dr. McLean: Then we will say 400 beds.

President: Our present hospital under construction will hold 640 beds and if it ever gets up to this point it will occupy at the most about 1100 or 1200. We don't want all the patients in the state of Michigan, we just want this limited number to take this job.

Dr. McLean: All right; as I understand it, we will say the state sent you a hundred cases of appendicitis.

President: We can't get many emergency cases.

Dr. McLean: You don't care what it is.

President: We don't want to go into an unlimited business here.

Dr. McLean: Well now then they have got to take this limited business, it seems to me its going to require considerable of a building, that is for the taxpayer to say whether he wants to or not. You want to make that investment either in Ann Arbor near some great center of population or where—for instance if you had a gold mine and you thought it was in a certain place, would you sink it where you thought that gold mine was and dig your shaft, etc. and tunnel a mile from there to find your gold—I think the most of you would go where the gold is. The same way with the man who has an orchard in the Northern Peninsula, if he wants to erect a wine press he isn't going down near Monroe to do it. I think if the state wants a lot of money to carry on research and then to charge the patients for it, I would go where the patients are for I feel sure that a lot of money is spent here and you will find under these arrangements you will soon be out of touch with the medical profession at large. If you are going to do that building, do it at a center where you can get your cases of all kinds by the hundreds, where they have hospitals by the score. Somebody spoke about the marketing of medicine. This is the point I get, if there is to be a market for medicine, I would put it in the most convenient place. The only thing I fear for this plan, the minute the University gets into competition with the medical profession, they are going to have an active competitor. I would thank you for this little opportunity. (Applause.)

President Burton: The meeting is open gentlemen for any remarks anyone wants to make. I would suggest that you offer any suggestions or points of view that you might have on the best way that we can meet what seems to be the request of the state. I don't know that it is necessary for me to repeat it, I do beg of you not to crowd me into the corner of saying that we don't want all the patients in the State of Michigan.

DR. ARTHUR M. HUME.

Dr. Hume of the State Board of Registration.

Gentlemen: I feel authorized to speak to you upon this subject as representing the sentiments of the State Board of Registration, having been a member of that Board next in service to the oldest member. Let us consider for just a moment what this whole affair is and what there is back of it. This University has been referred to as a distinct Entity. This University is the University of the people of the state of Michigan to do those things that would be for the benefit in every way to the health, happiness and prosperity of all things that make life worth living. Every dollar that is expended here is contributed by the people of the State of Michigan. I believe

that the people of the State of Michigan understand what they are doing and just taking this one line, medical practice. The people of the state have seen fit to pay out good money for what. In order that each one of them in their own community may be afforded those things that will produce better conditions. That will produce longer life, that will produce better health. That is the function of the medical man in the community. He is a public service man. He is a producer of service, that the public is interested in and willing to pay him for, if it is service of the highest quality.

Now what have the people of the State of Michigan done in order to insure that that service shall be of high quality? They have established an educational institution. The medical department of the University of Michigan—they are paying the expenses of the operation of that in order that a man who goes into practice in the State of Michigan can render to the people of the state the class of service that they need and that they now demand. There is nothing in the whole construction and the whole affair that ever indicated that the medical department of the University of Michigan should be anything but educational. There is nothing and has never been anything that would even intimate that the medical department of the University was to render service, medical service, and when this institution goes into that field, of rendering medical service, they are going into something that was never contemplated in this plan. (Applause).

President Burton: May I venture to ask you what you would do with two bills passed by the members of the Legislature of the State of Michigan?

Dr. Hume: You can easily get changes. I remember about sixteen years ago about this time I was present at a meeting held before the Board of Regents, that inasmuch as it was necessary to have clinical material in order to carry on a medical school, that the clinical material necessary to do that should be taken from the different counties, of indigents, that went to tax, upon the books of the state, to render medical service in their community. That is entirely aside from the question, but I will say now, that is the plan that should be carried out and if it had been carried out through these years in the way that it was contemplated, and the law contemplated it should be, there would be no shortage of clinical help in this institution. There is nothing in the whole organization or in the law that has ever contemplated that this medical department of the University should ever engage either directly or indirectly in medical practice. It is simply an educational institution, when the man is turned out from her he passes under the supervision of the State Board of Registration and so continues as long as he is in practice in the State of Michigan and it is incumbent upon that Board to see that in each community the student receives from the practitioner in his community, the highest grade of medical service that it is possible to have. Thank you. (Applause).

President: Are there others?

Dr. Howell: I have been a practitioner in the State of Michigan for 25 years and in all that time have tried to obtain assistance to enable me to render better service to the people from the University and we do not receive that. Now under this plan what method will be adopted to see that we receive this assistance in the practice of medicine?

President: I think there are two things. First, we believe this plan would provide for us better clinical departments and secondly as we are now hoping, we believe these clinics we send out over the state, if I may judge from letters that come to me, is really a valuable service to the profession, and I think that the hospital and the school stand ready to expand this clinic. If it is the wish of the profession that you have them, that would be one thing that would be helpful.

Dr. Howell: I don't think you grasp my question. We send patients to this institution and the day this patient leaves our office until they return, we never hear one report from them, we know enough of what has been done for them, we know nothing of what to do with them after they come back. Now what step would you take to remedy that condition so when the patient returns, that patient shall return to that doctor and he will be better able to render service not only to the patient, but to all who come under his care?

President: Dr. Parnall will you answer Dr. Howell?

Dr. Parnall: I would say the gentleman's complaint is justified. I think in the past we have been neglectful in informing doctors. However, we are endeavoring to remedy that condition and we are trying to keep the practitioner informed regarding every patient who comes to the hospital.

President: This newer plan you speak of, how long has that been in operation?

Dr. Parnall: That has been left to individual clinics, it is only in the last two years we have tried to develop the University Hospital as a group of individual clinics instead of as a co-ordinate whole. Then every man will receive information regarding the patient. I think the criticism is justified.

Dr. ———: The students often tell the doctors a lot of things that goes back to the doctors later.

President: I suppose you have all been there, you ought to know.

DR. BAKER.

Dr. Baker: I did not come here to dictate, I came here to listen. If we are going to tear down, we must also build up. Now the President has very ably told us that they had all the patients they needed.

President: We haven't enough patients in the hospital now because its only 400 to maintain this kind of a plan we need possibly as a maximum 1200 to take care of the plan like this, but right now we have several hundred in Ann Arbor waiting to get into the hospital.

Dr. Baker: We will all acknowledge that we must have training material in order that the students who are here are properly trained, that is the function of this school, to train medical students. **It's not the purpose of this medical school to be competitors or practitioners in the state of Michigan.** It should not be a selfish competitor. That being the case shall this hospital when it is erected, shall it be a place in which the staff of practicing physicians here shall become backed up by the State of Michigan with the prestige of the State Medical Society behind it, the competitors whose equipment they are going to get at cost? That every man shall pay to the limit of his ability? If he is a lumberman from the north woods, possibly he can pay \$25.00, or a man who is manufacturing automobiles in Detroit comes here and pays \$25,000, that would be the basis on which it would have to be handled. Now if we can get away from the question of what is fair to the profession and what relation exists between us and the state hospital, in this way let us provide some plan which will be more useful to the profession than it is now and I would suggest that the University of Michigan will be carrying on its functions as a training ground for the medical profession in a still better way if it can be a clearing ground for the graduates from the University. In other words I am located up at Bay City, I have a case come to me that needs a thorough laboratory overhauling. It may require some other examinations. This University school could be equipped or could carry on its work in a way that would enable me to send my patient down here, have a complete overhauling, then if the school here is organized and your departments are interwoven as they should be so that the patient when received was sent to the department where he apparently belonged, the examination was made in that department, report made on it, that passed on, and if he needed something else, that report would accompany him to the next department, and so on, all the necessary examinations to get a conclusion as to what was the matter with the man, the whole thing to be gathered together by the central office and then reported back to me with the findings and recommendations. He is still my patient and he comes back to me and if I am properly equipped as I should be I take care of that patient to the end. A large portion of the patients do not come from the doctor, or they are recommended by a competitor because that doctor didn't know what was the matter. A return postal card could be sent to me, you would find out I had had something to do with the case, a return card will be sent to me asking if I want information in regard to him. If I want it I say "yes" on the return postal card. I get a report then which will be a check and then I know whether I was wrong or right. That enables me to protect myself when the man comes back, also a better relation to the University of Michigan.

I think this should be a training ground for the students and next it should be an auxiliary for the aid of the practice of medicine in the

State of Michigan and that would provide what the people of the State of Michigan want, the very best medical attendance. It seems to me this whole plan as it is outlined is a means of beating around the bush. Suppose somebody comes from Bay City to the University, he is put on this waiting list and he cannot get into the hospital, maybe not for a month. Somebody gives him a quiet tip that Doctor so and so has a private hospital over here and he can get his operation today or tomorrow so he goes over there, that's all right, the doctor has the pay. I am glad if they soaked him enough down here so he won't want to go away the next time. They are going to invite the people of the State of Michigan to contribute as profit patients to the hospital the necessary amount to make up \$5,000. That is a poor plan because it is an expensive plan. You are putting into this University hospital a lot of money. The interest on that will pay all these salaries.

President: I would like to have that explained, that which you refer to as interest taking care of the situation.

Dr. Baker: I mean the amount of money necessary to build that hospital, the necessary expense of taking care of it would be taken care of by a small increase and the mill tax.

President: We are talking about this interest.

Dr. Baker: The people would have it in their pocket and pay it out a little at a time.

DR. FRANK B. TIBBALS.

Dr. Tibbals: My criticism upon the plan as outlined is that it is not sufficiently extensive. If the State of Michigan is going to engage in the general practice of medicine for the benefit of the masses of common people as Dr. Burton has told us, then the plan should be extensive enough so that every person in the State of Michigan may have those facilities, the assumption being that there are no medical facilities outside of Ann Arbor. I think that every town of 25,000 in this state offers adequate medical facilities and that there isn't any necessity for the average citizen of the State of Michigan to come to Ann Arbor for medical treatment other than the indigent. I think the original intent in the establishment of the medical department of the university was two-fold, that of the education of medical men of the state and the care of the people who were unable to pay their doctors in their home town. Dr. Burton spoke of the fact that constant attention of paupers as clinical material was not the ideal training for the silk-gloved doctor, he should practice in the high-toned family, I don't know whether you know anything about the pauper, I believe there has been little opportunity made to observe the ruling of the Board of Regents, that only indigent patients should be admitted here, unless they were sent by their family physician. There are lots of patients here who have not conformed to that and I should judge that the make-up of your clinical material comprises all classes of citizens of the State of Michigan; I don't doubt if the State of Michigan furnishes you a plant, your engineering

department can build automobiles as good as the Ford or the Packard can furnish them to the citizens of the state at reduced cost; why shouldn't they do it if they are going into the general practice of medicine. I don't doubt your pharmacy department can compete with drug stores in the preparation of furnishing of various drugs and save the citizens of the State considerable money. I don't doubt that your legal department can support itself if people of the State of Michigan can only be coaxed to come here, and why not, if the State is going into the practice of medicine, why not compete with every other business in the State. (Applause).

DR. WILSON.

Dr. Wilson: In my humble capacity I represent some of the medical men of the city of Detroit and it has been my pleasure to meet with the President of the University and hear him tell us what has been in the minds of the University authorities in regard to the extension and development of the medical department of this university. I will confess, however, it came to me as very much of a shock when I found a few things that he didn't say to be equally true with those which he did say, and particularly when I found that the Superintendent of the hospital, presumably having the fixing of bids under the new arrangement in his charge, proposed to charge patients brought here what they could pay. I also was rather surprised to find that in an effort to make medical men practitioners in the art of medicine, it was necessary for them to learn to treat human beings as such and that the aim of the university authorities was to teach medical students so to charge people, and so on. I followed that there were two classes of folks that I didn't quite have clearly differentiated in my mind. I find in order to differentiate between these, in order to come into the house of the President of the University and others of equal rank, it wasn't possible to acquire that right without individual personality, that little thing that isn't in the books, that thing that teaches us to meet our fellow beings as such by the treatment of indigent patients. In other words I found a classification of persons in two classes, human beings and indigents. It has always seemed to me that the man with the ragged coat and the dirty face, with very little or no money in his pocket, was a human being.

Dr. Burton: Doctor Wilson do you mean to say that you think that is what I said?

Dr. Wilson: You said a doctor to come into your home or family would have to have the—may I ask the stenographer to read what you said at that point?

Dr. Burton: I said I thought we could train our doctors best by training them with all kinds of patients.

Dr. Wilson: You said in order to do that it was necessary that this other class of patients should be had.

Dr. Burton: Certainly.

Dr. Wilson: I make no classification of human beings into two such classes, I treat my

poor people just as humanly as I can and I am just a plain, ordinary practitioner of medicine. This opportunity to sacrifice \$100,000 a year for the sake of science, these men who are in the prime of life, these men invited to do this work, I belong to the outcasts. I approve of your program as far as that is concerned with reservations. The privilege of reserving a man's opinion on a proposition which is not fully explained, is always one's personal privilege.

I understand from the president there are three types of medical education, two in existence, the old part time plan; the other plan, when he is an academic, full time man, so in scientific practice he loses the side of the human element.

I fail to understand under what plan the university has been working up to this time.

President Burton: I am sure I don't know.

Dr. Wilson: I heard no intermediate plan, I understood the third plan that was to be presented hadn't yet been put into effect. As to group diagnosis, every intelligent patient understands the larger the group—why it can be applied to 400 as well as 4000, it can be applied to one patient, one patient is all you need, you don't need 1200. Those of us who don't come to the University and accept this self sacrificing opportunity to work for the welfare of the community, are going to stay at home and we are going to make a living on some of the patients. Why do they go to the University? That is where the law of experience goes into effect. I am not saying this against the President or the University, they have my profoundest respect, the one point I differ with them in this respect, I cannot hold with them in the belief that they carry with them the sound medical knowledge that exists in the confines of this State. There are other men outside of the University they will undoubtedly recognize that fact, who are quite qualified to practice medicine, but they have been slow to avail themselves of the general impression that existed in the individual, that if anybody wanted the highest type of medical service, it was to be given through the University of Michigan. It has been a common complaint Mr. President that the private work throughout this state has been encouraged by the employes of the University of Michigan in the treatment of patients generally belonging in the hospital of the State University. Now if in the new plan there should be the same kind of activity, that has previously gone on, then the men in private practice throughout this state are going to suffer, there is no question about it. We need some clear thinking. We agree that the hospital is the place in which the medical student shall learn how to practice the art of medicine. I agree with that. We agree it should be the place where he gets the highest kind of medical attention, but we do not agree the University of Michigan is the place where patients should go who are not indigent patients and are perfectly able to pay for the medical service. I believe that to be the only bone of contention which is really worth while bringing forward. I can't see it is a part of your educational program, I can't see the logic,

I can't see why that program isn't as effective, not as workable without these patients, but you have included in the plan things to which the medical profession of the State of Michigan will never agree. (Applause). No diplomacy on the part of the President of the University will ever get us to agree. It seems to me the sooner that fact is recognized, the sooner will the faculty present a plan to the people of this state which will be accepted and never until that time. I take it in the same sense Mr. Chairman that you have uttered, that we should not be too serious, but I take it in the same sense that we should not be too obscure, that we should think clearly on all these points and also it is essential that if you have any plan that it should be presented in its entirety and no point left out. (Applause).

Dr. Burton: Any others.

Dr. ———: May I ask one question. You speak of the minimum of \$15,000, would there be any way whereby this \$15,000 is augmented at the end of the year if the hospital earns more money than is necessary to pay the salaries? And if there is no way to augment this salary, in what way this plan differs from the academic plan which you mentioned.

Dr. Burton: No, his whole professional income would be his salary.

DR. J. B. KENNEDY.

Dr. Kennedy: I had not made up my mind to come out here until a few days ago when some of the gentlemen in Detroit said to me, "unless you go to Ann Arbor you will miss a treat because President Burton is going to preside and you may be sure you will enjoy an intellectual treat." I am very glad I came to get some light on the subject, I have written down a few questions that I would like to have somebody answer. What was the total amount of your income last year, can anybody tell me, of the hospital?

Dr. Burton: Yes, that's available.

Dr. Kennedy: What was it?

Dr. Parnall: I will tell you, \$389,864.

Dr. Kennedy: And your expenditure?

Dr. Parnall: \$396,696.

Dr. Kennedy: From what source did you derive that income, now I want to get down to some practical questions.

Dr. Parnall: I can give it in the classified amounts.

Dr. Kennedy: What proportion from the state, and what proportion from the patients.

Dr. Parnall: I can give the source, I can't tell who paid the bills.

Dr. Kennedy: We are not asking whether John Smith or somebody else paid a bill, how much from patients and how much from the state.

Dr. Parnall: I haven't definitely what come from the state, but its about \$200,000.

Dr. Kennedy: \$188,000 from private patients?

Dr. Parnall: I haven't it exactly here.

Dr. Kennedy: Are the cases utilized for teaching here in the university?

Dr. Burton: The answer to that is, they are.

Dr. Kennedy: There is a report going round that recently, and I promised a gentleman out in the hall before we came in here that we would put our cards on the table, face up, there is a report going round that a patient was operated on and a fee of \$1,500 was paid, is that true, or is it not true, let us correct that impression if it is not true.

Dr. Burton: Dr. Parnall says it is true.

Dr. Kennedy: Was that patient used for clinical purposes?

Dr. Cabot: He was.

Dr. Kennedy: A man who pays \$1,500 for an operation and is used for clinical purposes. Now what become of the \$1,500.

Dr. Burton: Don't you know Dr. Kennedy?

Dr. Kennedy: I don't.

Dr. Burton: It went to the University Hospital.

Dr. Kennedy: So then we fellows out in the state, we are paying taxes twice, a direct tax and then indirectly because this money has come out of some fellow's pocket, that is true isn't it and is that the custom that is followed here?

Dr. Parnall: Well I might suggest the man who paid the \$1,500 is paying taxes too.

Dr. Kennedy: It is in competition with the profession throughout the state.

Dr. Burton: To a limited extent, yes, sir.

Dr. Kennedy: There isn't very much limit. the sky seems to be the limit here, \$1,500 for an operation. (Applause). What is the amount of the appropriation asked for the University of Michigan this year, I have seen a number of figures, I don't know whether I am correctly informed or not.

Dr. Burton: \$8,690,000 plus the mill tax. \$750,000 a year.

Dr. Kennedy: You get \$750,000?

Dr. Burton: We got \$700,000.

Dr. Kennedy: Is all the \$700,000 spent?

Dr. Burton: Contracted for.

Dr. Kennedy: Let me say to your Mr. President and gentlemen, that the profession of the State of Michigan is absolutely in favor of providing all of the clinical material that is necessary, or preparing for all material that is necessary for teaching purposes in the University of Michigan. (Applause.)

The act was passed some years ago that an abundance of clinical material should be provided for teaching purposes here in the University of Michigan, but it appears from what we are told here today that other tactics are adopted than those made the rule by the Board of Regents a few years ago and so we face the unique situation, the young man coming here to the University, getting the best possible training for the profession in medicine, an abundance of clinical material, teaching them, then they go out into the

country to practice and the university takes their patients from them and charges them \$1,500 for an operation, and we ask if that is fair? We are fair enough to say that the profession will go with you to the extent of providing for all the necessary clinical material for teaching that is necessary. Let me ask the question, how do you estimate the amount of material that is necessary? Have you got enough now, let somebody answer that. If you have got enough now why are you asking for more? Shouldn't the State of Michigan pay for the teachers of medicine adequately as they do for the teachers in the other departments? Why shouldn't they? I think we are willing. The doctors are willing. I am safe in saying that approximately of the 600 men that are in this room, 95 per cent would be very glad to have their taxes increased rather than have their patients taken away from them. What is the system, the system used. I wonder how on earth a patient of mine got into the hospital last month with 200 on the waiting list. I wonder how a patient that I operated on two years ago and I have arranged to operate on again some day this week, and I was told just as I was leaving the hospital that she was now at the University Hospital. I wonder how she got in over the 200 on the waiting list. I would liked to have had the \$200 for that operation, I need the money. I have just paid my state and county taxes and I feel a little sore that that \$200 got away from me, how did she get in?

Let me repeat that I believe the profession of Michigan are willing to stand back of you and with the medical department of the University of Michigan to have provision for all of the clinical teaching that is necessary, but if the University of Michigan according to this statement as I understand it, if I understand it right, proposes to put itself in competition with the medical men of this state they won't get much support, and we are against your proposition. (Applause).

Dr. Burton: Are there any others?

DR. HAFFORD.

Dr. Hafford: I want to say that this is one of the best institutions in the state and I have been proud that I have had three children graduate from here. These instances might be reiterated, but there should be some plan, something to work on it seems to me and I believe that this thing offers a suggestion right here, that a committee be appointed, perhaps from our Council to get a plan which would be mutually agreeable to the faculty and the university and the medical profession to work out for the best of all.

Dr. Burton: I think I understand one point, are there any others?

Dr. Jackson: Is it essential to your plan that you have pay patients. And second, by what right tax payers may be charged different fees, because they are all tax payers, the man who is worth more, pays more?

Dr. Burton: I think the answer to your first question is yes. I think the answer to your second

question is by authority of the Board of Regents.

Dr. Jackson: Is it clear in my mind, that the success of your plan is the paying of patients?

Dr. Burton: I think it is essential.

Dr. Jackson: Why?

Dr. Burton: Because, for the simple reason we simply cannot retain clinics chiefs that we need at the salaries that we can pay.

Dr. ———: I would like to ask the question in regard to that \$1,500 patient, whether he went into a ward along with the indigent patient or not. If he did not and he isn't going to, why then, we ought to have two hospitals, one where the rich could come to and another where the indigent patient could come to. We all agree that the university must have enough material, but when it comes to taking the wealthy man. If we let down the bars and allow every rich patient to come here who wishes, would it not be only a short time when this will become the center for the rich patient to come and as a consequence, the poor will be crowded out. There seems to be a lot of doubt, in fact if the air hadn't been as blue with doubt as it is here with smoke, I don't believe there would have been as good a crowd here today. It seems to me when the state starts in to charge for patients coming here to the hospital for service, it is all state medicine. I don't see how we are going to make anything else out of it. As this school grows larger, will we have to keep on adding more or will there be a limit.

Dr. Burton: You know the answer to that, it has been stated here three times. As I have said, I think those here who represent the University, I think we see what you mean. Are there any other views or phases of this problem? I take it that the medical profession want the University to limit itself and its clinical material strictly to indigent patients?

(From several) Yes, sir.

Dr. Burton: Is there anything else, any other phase of the problem that we want to discuss. I think this one point has been sufficiently aired. There is just one thing I want to speak of gentlemen. I think for the first time in my life I have had my integrity questioned this afternoon.

Dr. Wilson: May I rise to a privilege. May I say one thing?

Dr. Burton: No, sir, I have the floor, I am sorry if I have created the impression that I am dishonest or that I am deliberately withholding anything from you, for in my own soul I am satisfied of my own integrity. Now Dr. Wilson—

Dr. Wilson: Mr. Chairman, may I ask you whether the remarks that I made are the ones to which you have reference?

Dr. Burton: Yes, sir.

Dr. Wilson: May I ask the house please to decide the question. I would dislike very much—Does the house wish me to sit down? (Shouts of "Yes").

Dr. Burton: Are there other points, particularly from a constructive point of view, as to what you think we ought to do? You have made perfectly clear one thing, that you think we ought to take only the indigent patients and receive no one else. Are there other phases that you think we ought to take up, that you would like to express your opinion on?

Dr. ———: I believe this, that inasmuch as the people of the State of Michigan reap the benefits from the high class of medical education and the high class of medical practice, that if it could be presented to those people in a proper light, they would be perfectly willing and glad to contribute to this University a sufficient amount of money to pay every member of the faculty what he is justly entitled to. It seems to me we are making the possible mistake of trying to put through a make-shift and to avoid asking the people of the State of Michigan to pay for what they should pay for, and that is the class of service they will get under that clinic.

DR. DU BOIS.

Dr. DuBois: The question was, have you sufficient clinical material. No one has seen fit to answer that question, is there an answer?

Dr. Burton: It depends a good deal on what you mean, whether under our present plan, or for the development of a more comprehensive plan?

Dr. DuBois: Have you sufficient clinical material then to use in the teaching of medicine?

Dr. Burton: That is for our present plan.

Dr. DuBois: Have you enough clinical material, or as much as you can possibly use in the teaching of young men here the study of medicine?

If you have, very well and good, if you haven't, I think the profession of the State of Michigan will be only too glad to unite with you in getting you more and more as you need it for indigent work. We want to get away from the commercializing of medicine, let's not commercialize that young doctor as you are educating him. (Applause). Then we can forget that there is a difference between that rich man and poor man.

Dr. Burton: I want to be perfectly sincere in all of this, I don't want you to think I take unto myself the credit of originating this plan, it was initiated before I come here, it has been tried elsewhere, so don't get the impression that I am trying to lay claim to it personally, I have just

spoken today as a representative of the University in this matter and don't wish to have it understood that the plan originated in the back of my head.

Now the perfectly obvious conclusion of what you have said, every speech has been definitely to the point, that the hospital should not compete with the profession in even a limited capacity and the material should all be of the indigent type. Now is there anything else anyone wants to bring up?

Dr. ———: I would like to say Dr. Wilson is President of the Wayne County Medical Association and also Vice President of the hospital staff of which I am president. I don't think it is right for Dr. Wilson to be put in the background that way and not give him a chance to apologize.

Dr. Burton: I accept the gentleman's apology, I just wanted to make clear that I was sorry of any impression I had created that I was holding back certain things of this plan. I meant to put all the cards on the table. I hope you will really give me credit for doing that.

Dr. Wilson: You have the advantage of me, I am not in a position to—

Dr. Burton: We are willing to have you speak doctor.

Dr. Wilson: No member of the medical profession of Detroit or elsewhere came here with the slightest intention of offering any disrespect to the President.

Dr. Burton: I quite understand.

Dr. Wilson: I came here with the understanding of discussing a logical question, if I have misquoted anything, that is my misfortune as well as yours. I certainly intended no disrespect to the President in any remarks that I made. I don't believe they bear that construction, I want you to understand our feeling, I have a feeling of the most profound respect and admiration for the President and this University.

Dr. Burton: Thank you sir.

Dr. Wilson: We would feel very sorry to be placed under the burden of suspicion as to the motives which have brought us here and as I say you have naturally, an advantage over a member of the congregation.

Dr. Burton: I observe a good many of you want to catch trains, unless there are further remarks, we will consider ourselves adjourned. With this final statement, we want to thank you for setting forth so clearly your point of view.

ADRENALIN IN DIAGNOSIS.

The new science of endocrinology has developed so rapidly that, in order to remain in the vanguard of the march of progress, the physician needs must keep himself informed on every phase of glandular therapy. In harmony with this idea we have directed the attention of our readers, on several occasions, to the series of instructive essays on Adrenalin that have been appearing in the advertising section of this Journal.

In the current issue we present a brief discus-

sion of the use of Adrenalin as a diagnostic agent in hyperthyroidism and pancreatic diabetes, also as a test of suprarenal function. The technic of these tests is simplicity itself, and there would appear to be no reason why any practitioner should not avail himself of them in certain obscure cases in which a differential diagnosis by the usual means may be difficult or even baffling.

The preparation employed in making the tests is the original 1:1000 Adrenalin Chloride Solution of Parke, Davis & Co., upon the use of which for twenty years the literature of suprarenal therapy has been built up.

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

A. L. Seeley, Chairman ----- Mayville
 L. W. Toles ----- Lansing
 R. S. Buckland ----- Baraga

Editor and Business Manager
 FREDERICK C. WARNSHUIS, M.D., F.A.C.S.
 Grand Rapids, Mich.

GUY L. CONNOR, M.D., F.A.C.P.
 Associate Editor, Detroit.

Entered at Grand Rapids, Michigan, Postoffice as second class matter.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized July 26, 1918.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscription are to be addressed to F. C. Warnshuis, M.D., 4th Floor Powers Theater Building, Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$5.00 per year, in advance.

February

Editorials

ANNUAL DUES.

In response to several requests we again announce that the annual 1921 dues are Five Dollars and are now payable. Of the increase of One Dollar and a Half, One Dollar goes to the Medico-Legal Defense Fund and Fifty Cents to the Journal. This increase was necessitated by the increased expenses of these two activities of our State Society.

Prompt payment is urged. Please do not necessitate dunning notices by your County Secretaries. Remit to him and not to the State Secretary or Treasurer. Pay your County Secretary.

ANNUAL MEETING.

The Council selected the date of May 24-25-26 for the holding of our Annual Meeting in Bay City. The profession of Bay City are already perfecting arrangements for this meeting and promise to provide most acceptable and pleasing provisions. This will be a very important meeting as several matters of unusual interest will be presented.

Of this we are certain that when the official programme is announced no member can well

afford to miss the meeting or participating in the hospitality and entertainment tendered by the doctors of Bay County. Note the date now on your calendar and permit no conflicting engagements to occur.

PROFESSIONAL INCOME.

HOW THE FEDERAL TAX APPLIES TO THE MAN OF THE PROFESSION.

To the professional man the problem of correctly making out an income tax return for the year 1920 is somewhat more involved than that presented to the salaried man. The wage earner on a fixed salary has an accurate estimate of the amount of compensation received for personal services, while the professional man's income varies from year to year. In the professional class may be included the physician, dentist, lawyer, architect, veterinarian author and clergyman. Each must figure up his net income for the last year. If single or if married and not living with his wife and his net income was \$1,000 or more, or if married and living with his wife and his net income was \$2,000 or more, a return must be filed.

The exemptions are the same as for the year 1919. \$1,000 for single persons and \$2,000 for married persons living with husband or wife, and heads of families, plus \$200 for each person dependent upon the taxpayer if such persons are under 18 years of age, or incapable of self-support because mentally or physically defective. The period for filing returns is from January 1 to March 15, 1921.

The professional man must make a return of all fees, salaries and other compensation for services rendered, together with income from all other sources. If he keeps his accounts on the "receipts and disbursement" basis—which means a record of the amount received and the amount paid for expenses—he should file his income tax return for the year 1920 on that basis. If he keeps books showing income accrued and expenses incurred during the year, he must make his return from his books and include all income, even though not entered on his books. If books are kept on the accrual basis the taxpayer must include all income that accrued, even though not actually received, and may deduct items of expense, although not actually paid. Both the receipts and disbursement basis and the accrual basis are explained in instructions on the forms for filing individual returns of income.

This constitutes gross income from which the taxpayer is allowed certain deductions in arriving at net income upon which the tax is assessed. Among such deductions are the cost

of supplies used by him in the practice of his profession, expenses paid in the operation and repair of an automobile used exclusively in making professional calls, dues to professional societies, subscriptions to professional journals, rent paid for office room, expense of fuel, light, water, telephone used in his office, and the hire of office assistants. Amounts expended for books, furniture and professional instruments and equipment of a permanent character are not allowable deductions. In the case of a professional man who maintains an office, but incidentally receives at his home patients, clients, or other callers in connection with his professional work, no part of the rent of the home is deductible. If, however, he uses part of the house for his office such portion of the rent as is properly attributable to such office is a deductible item.

A reasonable allowance is made for depreciation, or wear and tear of equipment and instruments used by professional men. When through **some new invention or radical change** in methods or similar circumstances, the usefulness in his profession of some or all of his instruments or other equipment is suddenly terminated, so that he discards such asset permanently from use, he may claim as a loss for that year the difference between the cost (reduced by reasonable adjustment for wear and tear it has undergone) and its junk or salvage value. If the apparatus was owned prior to March 1, 1913—the date the first income tax law became effective—its fair market value at that date should be considered instead of its cost in figuring depreciation and obsolescence.

Deductions for uncollectible fees form an important item in the returns of many professional men. To be allowed as a deduction, a debt must be worthless and must have been charged off within the year in which its worthlessness was discovered. The return must show evidence of the manner in which discovery was made. For example, statement should be made that the debtor has been discharged from bankruptcy or has disappeared leaving no trace, or that all ordinary means of collections have been exhausted.

A debt proved to be worthless is not always a proper deduction. Unpaid amounts representing fees for professional services are not allowed as deductions unless included as income in the return for the year in which the deduction is sought or in a previous year. The fact that expected income was not received does not reduce the taxable income. If a debt is forgiven it cannot be deducted, because it is then regarded as a gift. A debt may not be charged off or

deducted in part, but must be wholly worthless before any part can be deducted.

Compensation in any form for professional services must be included as income. If a physician, lawyer, or other professional man should receive from a merchant goods in payment for professional services, the fair market value of such goods must be included as net income.

Forms for filing returns are now available at offices of collectors of internal revenue and branch offices. Collectors will mail to each person who last year filed a return, a copy of the return form for 1920. Failure to receive a form, however, does not relieve a taxpayer of his obligation to file a return and pay his tax on time. Taxpayers whose net income for the year 1920 was \$5,000 or less should use Form 1040A. Those whose net income was in excess of \$5,000 should use Form 1040.

In addition to the individual forms, partnerships must file a return of income, or even if there was no net income, on Form 1065. Partnerships as such are not subject to the income tax. Individuals carrying on business in partnership, however, are taxable upon their distributive shares of the net income of such partnerships whether distributed or not and are required to include such shares in their individual returns. The return must show the name and address of each partner and his share of net income.

The tax this year as last may be paid in full at the time of filing the return—on or before March 15, 1921—or in four equal installments, due on or before March 15, June 15, September 15, and December 15. Payment may be made by cash, money order or check, which should be made payable to "Collector of Internal Revenue." The return must be filed with the collector for the district in which the taxpayer lives or has his principal place of business. Heavy penalties are provided by the revenue act for failure to file a return and pay the tax within the time prescribed by law.

A BILL.

To promote the protection of the public health, to provide for the appointment of county health officers in and for the various counties of the State, and to prescribe the compensation, powers and duties thereof.

The People of the State of Michigan enact:

Section 1. At the first regular October session of the Board of Supervisors of each county of the State, after this act shall take effect, it shall be the duty of said board to appoint a county health officer. Said county health officer shall be a registered physician within the State

of Michigan. Any woman who possesses the qualification herein prescribed shall be eligible to such appointment; and, whenever words importing the masculine gender are used herein, such words shall be deemed to extend to and include the feminine as well. Each such officer so appointed in the first instance shall assume office for a term of four years and until a successor is appointed and qualified. The successors to said officers shall be appointed by the respective Boards of Supervisors at the regular October session of each fourth year, hereafter, and shall hold office for terms of four years each, from and after the next ensuing first day of January. Any county health officer shall continue to hold such office until the appointment and qualification of his successor. Each such appointee shall file his acceptance with the county clerk of the county, who shall thereupon notify the State Commissioner of Health of such filing: Provided, That appointment of a health officer whose jurisdiction shall be limited to the county shall not be required hereunder in any county having a population of less than 20,000 according to the last official United States census. It shall be competent for the Boards of Supervisors in two or more counties, no one of which has a population in excess of 20,000, to employ the same person as health officer for each of said counties. All health officers appointed hereunder shall be selected from a list furnished to the respective Boards of Supervisors of the State by the State Commissioner of Health as hereinafter provided.

Section 2. During the month of September, 1921, it shall be the duty of the State Advisory Council of Health to hold and conduct an examination for applicants for appointment as county health officers in the various counties of the State. Such examination shall be held at the city of Lansing, Michigan, and at least two weeks' notice thereof shall be given by the said Council of Health by publication in at least three newspapers of the State, of general circulation, to be designated by them. The State Advisory Council is hereby given authority to adopt suitable rules and regulations, not in conflict with the provisions of this act, for the holding and conducting of said examination. Any registered physician of the State of Michigan, or of any other State of the United States, shall be eligible to take the same. The questions for such examination shall be prepared under the direction of the Advisory Council of Health and shall cover the public health laws of the State, public hygiene and sanitation, methods of control of contagious and infectious diseases, and such other subjects as in the opinion of the State Advisory Council of Health shall be included therein. Applicants passing such examination shall be issued a suitable certificate by the State Commissioner of Health and shall thereupon and thereafter, unless such certificate is revoked for cause, be eligible for appointment as county health officer in any county of the State.

Section 3. Any certificate issued by the State Commissioner of Health under the provisions of the preceding section may be revoked by said Advisory Council of Health for cause on notice and hearing to the holder of such certificate.

Proper cause for such revocation shall be deemed to include cancellation or loss of registration as a physician, misconduct or misfeasance in office, incompetency, or any other cause rendering the holder of such certificate of registration an improper person to hold the office of county health officer or to perform the duties thereof. In case of the revocation of the certificate of any county health officer hereunder, notice thereof shall be given by the State Commissioner of Health to the county clerk, who shall place the same before the Board of Supervisors at the next regular or special session thereof. Any county health officer whose certificate is revoked hereunder shall be deemed to have vacated his said office. Any vacancy occurring in said office, whether by revocation of the certificate of registration granted hereunder or otherwise, shall be filled in the same manner as is or may be provided by law for filling vacancies in other county offices by the Board of Supervisors, and the person appointed to fill such vacancy shall hold office for the balance of the unexpired term and until his successor is appointed and qualified.

Section 4. Each county health officer shall receive an annual salary of \$4,000, one-half of which shall be paid by the State of Michigan out of the General Fund in the same manner as the salaries of circuit judges are or may be required by law to be paid, and one-half shall be paid out of the general fund of the county in the same manner as the salaries of county officers are paid. Each officer shall also be entitled to be reimbursed by the county for expenses incurred by him in the performance of his official duties, such expenses to be audited, allowed and paid in the same manner as are expenses incurred by other county officers: Provided, that the Board of Supervisors of any county may at any regular session thereof increase the compensation herein provided for, the amount of such increase to be paid by the county. Provided further, that the salary of any county health officer who is appointed to serve in more than one county, as provided in Section 1 hereof, shall be payable one-half by the State and the balance thereof by said counties in accordance with the population thereof as near as may be. It shall be the duty of the Board of Supervisors of any county, acting in conjunction with any other county in the appointment of a health officer, to fix in the resolution of appointment the proportion of the salary to be paid by such county.

Section 5. Each county health officer appointed hereunder shall have the general charge and supervision of the enforcement of the health laws, rules and regulations of the State within his county and may make such rules and regulations with reference to the spreading of contagious and infectious diseases, the abatement of nuisances and other matters relating to the public health within his county as may protect the health of the general public and as may be consistent with the general laws of the State and the rules and regulations of the Michigan Department of Health. All such rules and regulations shall be published by said county health officer in some newspaper printed and circulated within the county and shall not be deemed to be effective

until such publication. He shall be subject to the direction and control of the State Commissioner of Health and shall perform his duties in such manner as may be directed thereby, or as may be required by statute. He shall also make such reports to the Health Department of the State as may be requested by the State Commissioner of Health: Provided, however, that said county health officer shall not act hereunder in any city maintaining a health department with a full-time health officer, except with the consent and approval of the State Commissioner of Health and the State Advisory Council of Health.

Section 6. It shall be the duty of the county health officer herein provided for to investigate all cases of alleged nuisances detrimental to the public health and all sources of contagious disease infection when the same are called to his attention. If any nuisance is found by him to exist, he shall immediately notify the prosecuting attorney of the county, stating fully the facts and circumstances of the case. Thereupon it shall be the duty of the said prosecuting attorney to institute proceedings for the abatement of the nuisances and for the punishment of the persons guilty thereof, or such other action as the exigencies of the case may require.

Section 7. Any person violating any regulation, rule or order of the county health officer, made in accordance with the provisions of this act, shall be deemed to be guilty of a misdemeanor and on conviction thereof shall be liable to a fine of not more than two hundred dollars or to imprisonment in the county jail not more than six months, or to both such fine and imprisonment in the discretion of the court.

Section 8. In addition to the powers and duties hereby granted and imposed, it shall be the duty of the county health officer to make any investigation, examination or inspection provided for by any law of the State relating to health, sanitation or industrial conditions, when requested so to do by the State Commissioner of Health or by any other state officer or commission. In making such investigations, examinations and inspections, the county health officer shall have and possess all the powers and privileges granted by law to the officer or officers regularly charged with the performance of such duties, and shall make his report accordingly.

A BILL.

To provide for and define the duties of the State Commissioner of Health with reference to the registration of births and the issuance of birth certificates, the registration of deaths and the issuance of death certificates, the making and preservation of records of marriages, and with reference to the recording of other vital statistics; to provide for the transfer of certain powers and duties pertaining thereto from the Secretary of State to the State Health Commissioner, and for the transfer of vital statistical records from the Department of State to the Department of Health.

The People of the State of Michigan enact:

Section 1. All powers and duties now vested by law in the Secretary of State with reference to the registration of births and the issuance of

birth certificates, the registration of deaths and the issuance of death certificates, the recording of marriages and the collection, recording and preservation of other vital statistics are hereby transferred to and vested in the State Commissioner of Health. The State Commissioner of Health shall hereafter be vested with full authority, and shall be required, to exercise such powers and perform such duties with reference to said matters as have heretofore been vested in, and required to be performed by, the said Secretary of State.

Section 2. As soon as may be after this act shall take effect, it shall be the duty of the Secretary of State to cause to be transferred to the State Commissioner of Health all records, statistics and data and all blanks of any nature whatsoever pertaining to the matters in the previous section referred to. Upon receipt thereof, it shall be the duty of the State Commissioner of Health to keep and preserve said records in accordance with the laws pertaining thereto. All publications and reports of vital statistics heretofore required to be made from time to time by the Secretary of State shall hereafter be made by the State Commissioner of Health.

Section 3. All acts or parts of acts in anyway controverting the provisions of this act are hereby repealed.

THE UNIVERSITY CONFERENCE.

In response to the invitation extended by the University Hospital Staff some five hundred Michigan physicians attended the conference in Ann Arbor on the afternoon of January 13th. The purpose of the conference was to discuss certain present and proposed activities and plans that are being advanced and carried out in conducting the University Hospital and to which there have been expressed objections by the profession of Michigan. Numerous rumors and reports regarding the Hospital have been passed around. Some two months ago we suggested that it would be well were the University men to call a conference for a frank statement of the situation and expression of opinion thereon in order that the atmosphere might be cleared and facts be set forth for final appraisal. The suggestion evidently met with favor, the conference was called, and President Burton presided.

At the very outset we are frank to confess to disappointment for the reason that during the conference and up to the present time, President Burton and the Hospital Staff failed to present an opportunity to confer and have declined to accept the suggestion that representatives of the University and of the Medical Profession (The Council) meet, outline and agree upon a plan or policy to which co-operative support might be subscribed.

While President Burton delivered a forty-

five minute address during which he reviewed past and present educational plans and then outlined the proposed present plan for the University Hospital whereby its staff would be composed of full time men on adequate salary, whereby all classes of individuals would be admitted and fees charged those who were able to pay in amounts varying from five to twenty-five thousand dollars and that the hospital and its staff would go out in open competition with the profession of the state, and set forth some of the reasons why they proposed such a plan, the opinion seems still to prevail (and without disrespect to President Burton) that complete details have not yet been imparted and that we are not yet fully acquainted with the entire proposition, method of administration, or proposed executive policies. In this failure we were again disappointed as also because the real need of such a radical change was not satisfactorily demonstrated. We had hoped to hear the individual viewpoints of administrative and staff members. It was very apparent that, while they were present, they were evidently under instruction or agreement to not participate in the discussion either because of opinions held by some, or for fear that their remarks might not be in accord with the diplomatic strategy that seeks to institute this new scheme. There was thus created a rare instance of our being deprived of their heretofore always instructive advice upon common topics of mutual concern and interest. Evidently we were and still are looked upon as a society and as a profession, as Doctor Cabot stated in a letter, "A voluntary organization....." that rarely exercises its functions sufficiently to convince the average man that these societies are public spirited."

The conclusion may also be drawn that President Burton, in some of his uncomfortable moments during which he several times came near losing his equanimity, realizes that the opinions expressed were backed by all and that they were not as Doctor Cabot has stated—"that the rumors and talk are largely idle gossip and not backed by the real opinions upon which men act." There can be no doubt regarding the emphasis with which disapproval was recorded.

President Burton must now realize that the Medical Profession is of the opinion and determination that:

1. The profession is more than willing that the University Medical Department shall have all the clinical material and every other facility for educational and teaching purposes. That the profession is willing and eager to subscribe its support to provide these needs.

2. The profession is *not* in accord with the plan to have the University Hospital come forth as a direct open competitor and admit other than indigent patients.

3. The profession is of the opinion that the present hospital facilities should be entirely utilized to care for indigent patients. That no pay patients should be admitted because it necessitates a larger number of indigents to remain on a waiting list before gaining admission.

4. The University Hospital and University officials are overstepping its rights when it and they assume that they are the fountain head and mentors of medical standards and efficiency in the state and that it shall dominate the activity of the medical men of Michigan thereby making them subservient to the minds, practices and leadership of the University.

5. That as tax payers we too have the right to record our opinions upon the administrative and educational plans of state institutions that we help to support and cling to our right to voice our approval or disapproval whenever occasions indicate.

We feel certain that President Burton can have no reason for concluding that the physicians of Michigan are of other opinion. We trust that in the future he and his staff will realize that medical men while, as he stated, have amazing minds that may not always be academic, nevertheless are not of a type that meekly bows to attempted dominancy that has a pronounced autocratic tendency and is intolerant of the rights and wishes of others.

We are not convinced that the Regents and legislature will ignore the opinions, objections and requests of our members and give sled length support to these plans; plans which President Burton attempted to slide out from under by stating that they were not his but had been advanced by others before he assumed the Presidency of the University.

We still stand in wonderment of the effrontery that some have been bold enough to offer to the profession by their activity and attitude since they have become affiliated with the University Medical Department and Hospital. We trust that henceforth they will be more respecting to the physicians of Michigan and not assume an intolerant, superior attitude. We venture to suggest that they travel and mingle with us in a fraternal and co-operative frame of mind and not as self instituted leaders or dictators. That they realize that the Michigan State Medical Society and its members are men and women who are constructive in their aims and work for the best interests of the people

of this state and who stand ever ready, as they always have, to bring to their fellow citizens communal happiness and contentment in their activities, to minimize disease and illness, and create more healthful environments and physical well being.

In as much as we are publishing a stenographic report of all that was said we feel that further comment is not required. Each member will be able to appraise his own sentiment in regard to this competitive plan that is being attempted to be thus thrust upon us. We are certain that, contrary to opinion advanced by Doctor Cabot, the State Medical Society will exercise its influence to defeat adoption of such a plan and present just reasons why the wishes and opinions of the officials proposing this plan must realize that they are not the self appointed mentors or progenitors of standards of practice and to cause them to obtain the full force of such a realization the profession has in this conference unmistakably announced that it repudiates and opposes their proposals and injudicious methods.

There were present at the conference as stated some five hundred doctors from practically every part of the state and their expressed sentiments certainly must have been startling and disconcerting to the University officials and teachers. The objections registered were not idle gossip or rumor but turned out to be emphatic realities.

For our members' further information we reprint herewith a letter received from Doctor Hugh Cabot and which represents a startling expression of his views regarding our Society and our prerogatives:

Ann Arbor, Mich.,
January 3, 1921.

Dear Mr. Warnshuis:

Please pardon my delay in answering your letter of December 11th but it has only just come to hand as I have been absent in the east. I am delighted that you continue to believe that a meeting such as proposed is desirable. Your view that the attendance will be small would seem to me to indicate that on the whole you do not believe that the interest in the profession is large. On this, of course, your information is entirely superior to mine. I think, however, it will be an excellent barometer of the real interest of the profession. If, as you suggest, the attendance is small, it will, I think, be convincing proof that the rumors and talk to which you refer are largely idle gossip and are not backed by the real opinions upon which men act. If the profession is not, in fact, sufficiently interested to accept this invitation of

President Burton's, I shall be disappointed in their public spirit in regard to the problems of medicine.

I am very much interested in your view as to the functions of the State Medical Society in relation to the actions of the University. I am a little doubtful whether the Board of Regents would be satisfied to take the view that the policies of the state institutions should be arranged so as to conform to the wishes of the state medical societies, a voluntary association, which though it includes a majority of the physicians of the state, does not include all or nearly all of them. I entirely believe, as I assume that you do, that one of the functions of the Medical Department of the University is to assist in the development of medical practice and in the adjustment of medical practice to the needs of the community. This is, of course, also a function of state medical societies, but one which is rarely exercised by state societies to an extent sufficient to convince the average man that these societies are in fact public spirited. I suspect that the Board of Regents might take the view that the function of the State university in any of its departments was concerned with the betterment of all the people rather than particularly with any one group of people.

Yours very truly,
(Signed) Hugh Cabot.

Dr. F. C. Warnshuis,
Powers Theater Bldg.,
Grand Rapids, Mich.

THE UNIVERSITY HOSPITAL PLAN.

What is wrong with our University Medical Department? The Medical Alumni and the Profession of the State were dumbfounded a few days ago to hear our new President exclaim that a new and comprehensive plan was in mind and that the profession of the State were invited in, for what? Well he did not tell us, whether it was to approve or acquiesce in the plan, but he did tell us that the plan was comprehensive and that there was a difference in handling the rich and poor when sick and that the students should be taught both methods. Some of us wondered at the time if we were so out of date as not to know the meaning of the word, but when we got home we found that the new Standard Dictionary still said that the word meant as we understood it, breadth of view, limit of vision or understanding and sympathies. So we must take it that the new plan was limited only by the view, vision and sympathy of its sponsors. Certainly it was not the unanimous view of the faculty because many

of them are opposed to it, and what is more not one of them said publicly one word for the plan. It seemed from what we could gather that many of them were opposed to the plan. Not a voice was raised in its favor except one whose views were entirely socialistic and represented neither the profession, the faculty or what was all in all the public at large and that is the fellow who must finally pay the bill not only for this magnificent hospital which is being built in a village, but must also pay for its maintenance.

The good President went on to tell us although they intended to make the institution self supporting by taking in patients who were financially able to pay for their treatment and charge them a good round fee for it and put that money in a pot called the University Fund and that this fund would be used for maintenance and **TO INCREASE THE SALARIES OF THE PROFESSORS.** Now this is merely borrowing from Peter to pay Paul. If these men are not paid sufficiently then the Board of Regents should increase it in a legitimate way and the men who are employed to teach medicine to the student should give all their time to such duties. Is it not right to infer that if the faculty is given cart blanc in the handling of pay patients at the *State's expense for hospital service* that this would make them an impossible competition for other Doctors in the State. Then there is the other side. Are the rich and poor to be taxed alike for maintenance of this institution. If so then we must increase the tax for the medical department for sufficient money that will pay the increase they state is needed for the Professors' salaries as well as for increased hospital expenses and let the whole state pay alike and not penalize the people who have a little money saved, when they happen to be sick.

This institution was established for the purpose of disseminating knowledge throughout the State and country and the Medical department happened to be one of the subjects selected as is Law, Engineering, Dentistry and some other. We have not learned that the Law Department was in need of funds to increase the salaries of its professors, nor have we heard from any of the other departments in like manner and these other Departments have been able to obtain the services of capable men and thus their standards kept at the top.

We are forced to the conclusion that an institution which is only able to pay its professors a salary of \$5,000.00 and to increase to \$10,000.00 they must give him an additional title and pay the other \$5,000.00 for this title and

at the same time pay a superintendent \$12,000 for managing the Hospital need revamping.

W. J. Du Bois.

Editorial Comments

Frequently laboratory directors state that after a positive Wassermann report is made, the physician administers three or four doses of neo-salvarsan and then becomes peeved because the next report is still positive. The treatment of syphilis entails more in the line of treatment than three or four doses of intravenous medication. In a subsequent issue we hope to be able to publish a resume of the requirements of active anti-syphilitic treatment.

This issue contains proposed health bills introduced in the legislature. They merit your support. Will you not see your senator and representatives and urge their vote in behalf of these bills?

Has your society requested and arranged for one or more of our Regional Clinics Teams? The reports of the meetings thus far conducted are very encouraging and are proving to be most instructive.

We have no reason to conclude that the dangers of compulsory health insurance propagandists are at end. We note a studied and continued activity to disseminate the movement's propaganda and the stealthy attempts to thrust this undesired legislation upon the people of this State.

Some criticism has been expressed because of the scarcity of doctors in rural and less densely populated localities. The proposed administration plan for the university hospital will not tend to remedy the complaint. What doctor is eager or willing to enter upon the trials and tribulations of country practice, let alone physical hardships and enter into direct competition with the hospital staff?

President Burton, in his address, made reference to a communication directed to the State Medical Society and never presented. The only communication we have received from the University was one in regard to providing physicians for rural districts having no doctors. This communication was presented to the Council and we record the action taken from the Minutes of the Council, and as printed on Page 316 of the July, 1920 Journal: "The Secretary was directed to conduct a survey of the State to determine the distribution of physicians; to create a clearance bureau of information for the listing of localities where physicians are needed, to be of assistance to imparting information to physicians and communities as to locations or available physicians. The necessary funds for expenses of such a bureau was created on motion of Councilor Church supported by Councilor Dodge."

President Burton's informant evidently knew

not of what he was talking if he advised him that that was the way the referred communication was treated. We admit that we failed to acknowledge receipt of the communication nor did we advise the Secretary of the action taken—we presumed he read *The Journal*.

This issue contains the advertisements of new firms. We call your attention to them and invite your patronage of all our advertisers. Please make good our word that advertising in our *Journal* pays. We sustained a loss last year and will sustain a bigger loss this year if we fail to support our advertisers.

Radium has been available for therapeutic use for 21 years. As a profession we are not yet realizing its therapeutic value and limitations. Unfortunately the announcement that attended its discovery, that radium was a cure for cancer and other ills of mankind and then later partly discredited served to create a distrust as to its value. However, the persistent, scientific study of its efficacy, the observance of results, dependable conclusions as to these results, accurate determination of effective dosage and method of application has gradually swept aside prejudice and radium treatments are now accorded proper recognition. It is well established that radium is of definite value in the pre and postoperative treatment of cancer. In certain skin lesions splendid results are obtained. In tubercular involvement of cervical glands excellent effect is recorded. In leukaemia, Hodkin's disease, fibroid tumors and in prostatic enlargements the value of radium treatment is daily being reported productive of desired improvement, arrest and disappearance of symptoms. We feel that we should more and more consider in given cases the value of radium and advise our patients accordingly.

It was some conference. There was no room to doubt where the profession stood or what their opinions were.

It is reported that Dr. Parnall is now receiving an annual salary of \$12,000 as Superintendent of the University Hospital.

Our annual report contained the conclusion that we believed the profession was so organized and alert as to be ready to respond tellingly when called upon to give expression to their sentiments or to defeat undesired legislation. The conference confirmed that conclusion.

We would like to have heard or still to hear the opinions of individual faculty members and ex-faculty members.

As President of the University, as a capable, efficient, scholarly, highly trained, successful educator and as a polished gentleman we have the most profound respect and admiration for Dr. Burton. Michigan may well be proud of him. However, he has undoubtedly been mis-informed to some extent regarding the Doctors of Michigan. At any rate he stated it wasn't his plan

and evidently its designer did not fully acquaint the President with the objections possible to it. We are aware that other educational institutions and educators have devoted some thought to it and that it is a proposed innovation in the educational world. Someone in this part of the country gained the idea that it might be tried upon the doctors of Michigan!

Correspondence

Detroit, Mich., Jan. 12, 1921.

Dear Doctor:

We desire to call your attention to the opening of two wards as a medical diagnostic service.

It has been observed that many physicians desire to take advantage of hospital facilities and equipment for diagnostic purposes, especially for patients in whom the diagnosis is obscure. In the absence of necessary laboratory and other equipment, it is often difficult for you to make a complete diagnosis, especially in cases requiring:

Differential Blood Diagnosis.

Protein Metabolism.

Carbohydrate Metabolism.

General X-Ray, Fluoroscopic Laboratory Studies.

Basal Metabolism.

Endocrine Studies.

The class of patients admitted to the diagnostic service should be patients who are unable to pay for the services of a consultant.

The regular hospital charges for ward bed, laboratory service, etc., will be made but the professional services will be free.

After final diagnosis, the patient will be returned to the family physician with a statement of findings and an outline of treatment recommended. The diagnostic service will be under the direction of Dr. Stuart Wilson, who will be ably assisted by a number of associates in the Medical Department, and by other specialists on the staff.

Dr. Wilson will be glad to have the family physician see the patient with him at the hospital and follow the methods of arriving at a diagnosis. In sending patients to the hospital, please indicate that they are sent for admission to the diagnostic service. Admission will otherwise be carried out in the regular manner.

Sincerely yours,

W. L. Babcock, Superintendent.

Detroit, Mich., Jan. 15, 1921.

Dr. Fred C. Warnshuis,
Powers Theater Building,
Grand Rapids, Mich.

My Dear Doctor:—

Never before has the medical profession been in such an excited condition as they are now, about the meeting in Ann Arbor. You, of course, know all about it, and it certainly was great. I think it is going to help to revive the interest in the State Medical Association. It demonstrates that if the profession of medicine will stand together and join our State Medical Society, that our influence is greater (when we

think we are right) than is the President of any great university or the regents thereof.

Be sure and send me a copy of the stenographic report as soon as convenient. Now is the time to use it for the benefit of the Medical Profession.

I have never been prouder of our Society than I was on that glorified afternoon, when the flag of the autocrat was compelled to bow its head to a great profession. Long may that spirit keep up.

Yours very truly,

Angus McLean.

Pontiac, Mich., Jan. 14, 1921.

Dr. Angus McLean,
Detroit, Michigan.

My Dear Doctor:

I was some little amused this A. M., after reading the Detroit Free Press, of the brotherly meeting over in Ann Arbor, and since we Medics through the state must have all received the kind invitation of our genial friend and Diplomat Dr. Burton, to be present and be informed just how much he loved us, just how we should conduct ourselves, just how the good old University was going to take care of all the patients in the future, and just how lovely we were to feel, after all this together with placing all doctors on a salary through this big state, of course these things were not discussed but many things cussed.

We medics, country medics, are not supposed to know any too much now days, we receive letters from the good old University Staff thanking for the receipt of John Doe, said John Doe may have met me or some other medic, at least he has got a Doctor's name from his own town, and that Doctor receives a very nice letter, Conscience Letter, but who the devil is John Doe.

Sam Smith went over to the University, his friends were not satisfied with home diagnosis, last stage of Pulmonary Tuberculosis, comes home and reports all about neighborhood, has not got consumption, the Doctor never gets a letter from the University on Sam Smith, but gets a lot of ——— in and about the neighbors.

I love my Alma Mater, but Oh, you University of Michigan are you going to allow me to walk alone some day, and wear pants even though they are patched? I appreciate all you are doing for me, but for God's sake do not use me to save your conscience, do not tell me "You are it" when I know that I am not?

Now Doctor this is rather a fool letter etc., but it dove-tails in very well with what has been going on over at the University of Michigan, and I sincerely hope that Doctor Burton brings about a better feeling and better condition of affairs, even though he unconsciously takes away a good part of our income.

I am fraternally yours,

M. D.

Detroit, Mich., October, 1904.

Dear Doctor:

In the interest of good citizenship and of the medical profession, I ask you for your earnest

and energetic assistance in the following matter:

The Medical Faculty of the University of Michigan are required to furnish gratuitous medical and surgical service to all people of this or other states, regardless of their financial ability to pay for such service. Such a ruling on the part of the Board of Regents of the University of Michigan is most unjust and injurious in the extreme. That this ruling should be reconsidered is evident.

It appears, however, that the most vigorous protest of the medical profession within the radius of the influence of the University of Michigan will be required to attain this object. Therefore, I ask you to immediately write a vigorous letter to each member of the Board of Regents of the University of Michigan, viz:

Hon. James B. Angell, LL.D., Ann Arbor.

Hon. Charles D. Lawton, Lawton.

Hon. Henry S. Dean, Ann Arbor.

Hon. Arthur Hill, Saginaw.

Hon. Levi L. Barbour, Buhl Blk., Detroit.

Hon. Henry W. Carey, Manistee.

Hon. Frank W. Fletcher, Alpena.

Hon. Loyal E. Knappen, Grand Rapids.

Hon. Peter White, Marquette.

Furthermore, to ask your County Society to pass a resolution to that effect and to have the Secretary forward it to the same gentlemen, at once, and to use all other influence in your power to re-establish sound conditions.

The assistance of the County Auxiliaries of Wisconsin, Illinois, Indiana, Ohio and Michigan is requested simultaneously.

Sincerely yours,

Emil Amberg,

Michigan Member of the National Legislative Council of the American Medical Association.

Comment—The same is apropos to our present relationship though this notice was sent 17 years ago.

Deaths

Doctor Frank Thomas died December 31st, 1920, of heart disease at his home in Lansing at the age of 53 years.

Doctor Thomas was born in Allegan, Michigan, was a graduate of the Detroit College of Medicine and Surgery. Surviving are the widow and one son.

The deaths of the following doctors not members of the Society have been reported: Doctor Daniel Conboy of Verona, and Doctor Charles H. Lards of Adrian.

State News Notes

COLLECTIONS.

Physicians Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

The University of Michigan's plan to collect fees from "private" patients in the University Hospital met with more disapproval Monday night when the Wayne County Medical Society passed resolutions indorsing the attitude of its delegation in the recent Ann Arbor conference with President Marion Leroy Burton.

By unanimous vote the society resolved:

1. That any plan or intention on the part of authorities of the University of Michigan to construct and use any part of any university hospital for the treatment of patients able to pay for medical or surgical services meets with its entire disapproval.

AGAINST CHARGES.

2. That to charge patients in the university hospitals or any other state hospital or institution for medical or surgical services rendered to them by employes of the state is a dangerous and vicious proposal and should meet with no approval from any social group in this commonwealth.

3. That it is the opinion of this society that a high standard of medical education can be secured and maintained in the University of Michigan both in its class rooms and its hospitals by means other than those now proposed by its faculty, and in such a way as to be to the advantage of both the medical profession and the community itself.

The report of the delegates was signed by Doctors Max Ballin, R. L. Clark, J. E. Davis, J. H. Dempster, George E. Frothingham, H. A. Luce, J. E. Kennedy, Charles F. Kuhn, Angus McLean, E. H. Sichler, Frank B. Tibbals, Walter J. Wilson, Harold Wilson and Frank B. Walker.

WORK NOT FINISHED.

"We do not wish the society to understand that the educational committee's work is finished with this report," said Dr. Harold Wilson, president, after the society had voted approval. "We are going ahead with plans for some really constructive work, which, we hope, will be of benefit to the community as well as the profession. These will be submitted for your approval later."

The Academy of Surgery of Detroit was organized Thursday at the D. A. C. by a number of surgeons. The new society was formed for the purpose of advancing scientific surgery and for the progress of, and research into the principles of the profession.

The new society is similar to the New York and Philadelphia surgical organizations. One of the objects of the Detroit academy is to bring the most scientific treatment to all classes of people, rich and poor alike. The poor will receive similar treatment to that given to the wealthy.

Meetings will be held once a month, nine months in the year. Surgical topics and operations will be discussed for the benefit of all members. This organization will not conflict with

any other medical society in Detroit or Wayne county.

Membership is limited to surgeons who are prominent in their field of endeavor. Four honorary members were elected at the first meeting of the academy, as follows: Dr. Charles B. DeNancrede, Ann Arbor; Dr. Theodore A. McGraw, Sr., Detroit; Col. Remi Casgrain, Windsor; and Dr. John Wishart, professor of surgery of the Western University of Canada.

The officers of the new academy are: Dr. Angus McLean, president; Drs. H. W. Hewitt and Joseph Andries vice-presidents, and Dr. Ira Downer, secretary-treasurer.

The Detroit Board of Health has recently sent to the physicians of Wayne County a "Communicable Disease Code." It contains a copy of the "Ordinance to provide for the control and regulation of communicable diseases within the city of Detroit; to provide for certain powers and duties for the Detroit Board of Health in reference thereto and to provide a penalty for the violation of the terms thereof. The first chapter has to do with the definitions used in ordinance and a list of the reportable communicable diseases. The second chapter deals with reporting of communicable diseases. The third chapter gives the period of incubation and quarantine for certain diseases. The fourth chapter states the general provisions for controlling communicable diseases. The fifth chapter contains several provisions for the controlling of certain diseases. The sixth chapter has to do with the movement of infected persons or things restricted. The seventh chapter deals with sanitation, cleaning or disinfection. The eighth chapter gives the provision for the control of dangerous or careless persons affected with communicable diseases. The ninth chapter handles things miscellaneous. The tenth chapter deals with the duties of undertakers with respect to the bodies dying of certain communicable diseases. The eleventh chapter handles the enforcement of this ordinance. It is a very useful and convenient book of 23 small pages for the busy practitioner to have and use.

The Board of Trustees of the Children's Hospital Association of Detroit announces the following changes in the organization of the Medical Staff for the ensuing year. Doctor Grant McDonald has been added to the Consulting Staff which otherwise remains unchanged. The Active Medical and Surgical Staff is discontinued and the Board has adopted in its place a staff organization based upon directors of service. The Directors of Service for the ensuing year will be: Pediatrics, Doctor Raymond Hoobler; General Surgery, Doctor A. McAlpine; Orthopedics, Doctor F. C. Kidner; Ophthalmology, Doctor H. L. Begle; Otology, Doctor J. S. Wendel; Laryngology, Doctor H. L. Simpson; Neurology, H. A. Reye; Pathology, E. R. Witwer. Each Director of Service shall hold office at the pleasure

of the Board of Trustees and shall be directly responsible to the Board for the conduct of his department. He shall appoint, subject to the approval of the Board, an associate and all necessary assistants in his department. The Directors of Service shall organize and choose from their number a Chairman, Vice-Chairman and a Secretary. They shall meet at least once a month and a copy of the minutes of their meeting shall be furnished the Executive Committee of the Board of Trustees on the second Wednesday of each month.

Several deaths from diphtheria during the latter part of December have caused the Detroit Board of Health again to issue a statement urging prompt reporting of cases so that antitoxin may be administered before the disease has made appreciable progress. At this time there are between 450 and 500 cases of diphtheria in Detroit, a total slightly in excess of normal.

Small pox is somewhat more prevalent than usual. About 90 cases have been reported. Failure of a large part of the population to resort to vaccination is blamed for the spread of this malady.

Scarlet fever cases reported give a number slightly larger than that of last year.

To combat the further spread of communicable diseases the Detroit Board of Health plans to start a series of weekly clinics at the Herman Kiefer Hospital early in 1921, at which methods of diagnosing and treating such cases will be explained to all Detroit physicians who care to attend.

The last regular meeting of the Detroit Medical Club was held at the Wayne County Medical Society Building, on Thursday evening, December 16th, with Dr. E. M. Houghton, the President, presiding. Dr. Plinn F. Morse gave a most instructive talk on nephritis, which was illustrated with lantern slides, a thorough discussion following. At this meeting there were present Dr. Meader, head of the Medical Service of the Detroit Board of Health, and Dr. R. A. C. Wollenberg, newly elected members, the quota of thirty-five now being filled with one exception.

At the meeting in November, Dr. Stuart F. Wilson discussed the subject of endocarditis of an unusual type, presenting four pathological specimens of hearts. One specimen in particular showed vegetations on the pulmonic valve, which in life gave no symptoms, and was particularly interesting. Dr. H. W. Plaggemeyer read a paper entitled Medical Aspect of Prostatectomy, and Dr. Walter J. Wilson presented two clinical cases of Mitral Stenosis.

At the October meeting, Dr. Frank R. Walker gave an instructive discussion on the subject of hospital standardization. The meetings this fall have been very well attended and the club is having a most successful winter.

At the regular meeting of the Wayne County

Medical Society, January 17th, the following resolution was passed:

Resolved that any plan or intention on the part of the University of Michigan to construct and use any part of any University Hospital for the treatment of patients able to pay for medical or surgical service, meets with its entire disapproval, that to charge patients in the University Hospitals or any other state hospital or institutions for medical or surgical services rendered to them by employes of the State is a dangerous and vicious proposal and should meet with no approval from any social group in this commonwealth; that it is the opinion of this Society that a high standard of medical education can be maintained and obtained in the University of Michigan both in its class rooms and its hospitals by means other than those now proposed by its faculty and in such a way as to be to the advantage of both the medical profession and the community itself.

During the latter part of 1920, the Michigan Department of Health has published "The Health Officers' Guide and Manual of Useful Information." This manual has been prepared as a guide to health officers and local boards of health. It is divided into two parts. Part 1 aims to cover the organization of health boards, their powers and duties in relation to the prevention of communicable diseases; also to the investigation and abatement of nuisances and to the transportation of dead human bodies and embalming. It includes also some supreme court decisions which may be of interest to health officials. Part 2 briefly covers the field of laboratory diagnosis in infectious diseases and aims to indicate to the physician and health officer how they may avail themselves of the laboratory in the prevention and eradication of communicable diseases.

A series of conferences have been arranged between the Wayne County Coroners, the Board of County Auditors and representatives of the Bureau of Governmental Research at which a bill making radical changes in the Coroners office will be considered. A bill will probably be drafted and presented to the legislature at the present session. It is proposed to substitute a medical examiner to take the place of coroners who will determine the cause of death when possible and report to the police or sheriff. In cases where there is suspicion of foul play the police or sheriff will be called in but no inquest will be held. All investigations will be under the prosecuting attorney. Whether the bill will provide for the appointment or election of a medical examiner has not been determined.

The Legislative Committee of the Wayne County Medical Society are effectively active at the present time. They are watching legislation and are prepared to oppose vigorously any legislation which is inimical to the laity or the medical profession and to conduct a propaganda, not from the standpoint of the physician but for

the purpose of letting the people of the state receive the necessary information.

Thus far the results of its activity and work are splendid as was evidenced by the Ann Arbor Conference, January 13th. This Committee has no paid lobbyist at Lansing. It has other points of contact with various civic organizations throughout the state that are interested in medical as well as other legislative questions.

The Fifth Annual Session of the American Congress on Internal Medicine will be held at Baltimore, Md., week of February 21-26, 1921.

The activities of The Congress will be largely clinical. Ward-walks, Laboratory Demonstrations and Group or Amphitheatre Clinics will be conducted daily by members of the medical faculties of The Johns Hopkins and The Maryland Universities.

Further information may be secured by addressing The Secretary-General, 1002 N. Dearborn St., Chicago, Ill.

Doctor J. B. Kennedy, Chairman of the Legislative Committee of the Wayne County Medical Society, and Doctor Angus McLean, President of the Michigan State Medical Society, addressed the members of the Calhoun County Medical Society and the representatives from the various surrounding counties at Battle Creek, January 4th, on the subject of "Legislation Affecting the Medical Profession." The following day Doctor Kennedy talked on the same subject before the Kent County Medical Society at Grand Rapids.

John F. Roehl, investigator of the Detroit Department of Health, received formal recognition from the Michigan State Board of Registration in Medicine for his work of last year in cleaning Detroit of its medical fakers. This appreciation was in the form of a resolution from this board commending Major Roehl for his untiring and successful persecutions of some of the most dangerous and unscrupulous medical charlatans practicing in Detroit.

Wayne County is assured of a new hospital for the insane, as the Detroit sinking fund commission have decided to purchase \$400,000 of bonds to be issued by the county to pay for the proposed building. Work on the new structure to be located at Eloise will start at once. The hospital will have room for 300 patients and will enable the county to care for many persons now held in private homes and in institutions not able properly to provide for the mentally incompetent.

Lieut-Gov. Read has appointed Doctor William A. Lemire of Escanaba Chairman of Committee on Public Health, Doctor O. G. Johnson of Fostria Chairman of Committee on State Hospitals and Doctor Arthur J. Bolt Chairman of the Committee on Printing. They hold these chairmanships in the State Senate for the coming two years.

The new addition to the Detroit Receiving Hospital was opened January 3rd. This addition contains 220 beds and brings the capacity of the hospital to 375 beds. There is sufficient land left to receive another addition of 155 beds. When this is done the hospital will occupy an entire block with a court in the centre.

The next meeting of the Congress on Medical Education and Licensure will be held in the Congress Hotel, Chicago, March 7, 8, 9, 1921. A joint program will be participated in by the Council on Medical Education and Hospitals, the Association of American Medical Colleges, and the Federation of State Medical Boards of the United States.

Doctor and Mrs. G. Van Amber Brown of Detroit are enjoying a few weeks stay in the South, visiting at Ashville, N. C. and several other points of interest. Doctor Brown was recently married to Miss Ivy A. McAneny of Detroit. They will be at home to their friends after February 15th.

On January 3rd following a symposium on "Narcotic Drugs," The Wayne County Medical Society elected 16 delegates to the Ann Arbor Conference and 21 delegates and the same number of alternates to the Michigan State Medical Society. They also elected Doctor A. D. Holmes a trustee to succeed Doctor Angus McLean who resigned.

Nations of Latin-America, through their diplomatic representatives, jointed with the United States, France and Great Britain in paying tribute to the memory of the Late Major-General William C. Gorgas. Memorial services in his honor were held January 16, 1921, in the Pan-American Building, Washington, D. C., under the auspices of the Southern Society of Washington.

At the annual meeting of the Michigan Williams College Alumni Association, held at the Detroit University Club, January 12, 1921, resolutions were passed expressing this Association's appreciation of the personal worth and professional achievements of Doctor Benjamin Robinson Schenck, a graduate of the class of 1894.

On Monday evening December 20th, following the general meeting of the Wayne County Medical Society, Mr. David Brown of Detroit made an earnest plea that this society either collectively or individually help the "Hoover Movement" to save the starving children in Europe.

The Southwestern Michigan Triological Association met Dec. 14 in the offices of Drs. Sleight and Haughey and elected as officers for the ensuing year: Dr. E. P. Wilbur, Kalamazoo, as President; Dr. R. D. Sleight, Battle Creek, as Vice-President, and Dr. Wilfrid Haughey, Battle Creek, Secretary and Treasurer.

It is announced that a post-graduate course will be opened for physicians in the Woman's Hospital, Detroit, under the auspices of the Wayne County Medical Society. Doctor James E. Davis will instruct in pathology and Doctor Harry Schmidt in internal medicine.

Doctor F. W. Robbins of Detroit sailed for Scotland as a member of the Canadian Curling team which will meet the Caladonian curlers. Before returning, Doctor Robbins will spend a few weeks in the London hospitals. Doctor Clarence Candler will have charge of his office during his absence.

Doctor George E. McKean of Detroit is a candidate for membership on the Detroit Board of Education having applied at the City Clerk's office January 17th for nomination petitions. Doctor Andrew P. Biddle is a member of this Board.

The late Benjamin F. Tobin of Detroit left \$5,000 apiece to the Michigan Children's Free Hospital at Farmington, the Florence Crittendon Home of Detroit, the Michigan Children's Aid Society and the Thompson Home for Old Ladies at Detroit.

On New Years Day, Doctor Charles G. Jennings of Detroit gave an old fashioned New Years reception to the Fellows of the Detroit Academy of Medicine at his residence, the Garden Court Apartments.

Dr. William H. Browne, 1502 David Whitney Building, Detroit, has retired from the active practice of medicine to accept the post of Medical Director of the Northern Assurance Company of which he is a member of the board of directors.

A Million Dollar Club has been organized in Detroit in connection with the Independent Order of Foresters. Its membership will be limited to 200. Doctor Joseph Aarons was elected physician to this club.

Doctor Paul Woolley, formerly Professor of Pathology at the University of Cincinnati, has been appointed Pathologist to the Herman Kiefer Hospital, Detroit. He succeeds Doctor Morse who has resigned.

Dr. Ralph A. Perkins announces that he has resumed practice at the corner of East Grand Boulevard and Jos. Campau Avenue, Detroit. Practice limited to Dermatology, Syphilology and Radio Therapy.

The other day Doctor E. B. Forbes of Detroit rolled a score of 297. This is the highest score ever bowled on the D. A. C. alleys by an amateur.

Nine physicians took the special examination given at Detroit January 12, 13, 14, 1921, by the Michigan State Board of Registration in Medicine.

Doctor and Mrs. W. R. Chittick and their daughter of Detroit left January 31st for California.

Dr. D. Emmett Welsh of Grand Rapids has gone to California for a two months' vacation. He will return about April 1st.

Doctor Victor C. Vaughan of Ann Arbor gave a talk on "Protein Disease" before the Detroit Academy of Medicine, January 11, 1921.

At a recent indoor track meet between the Juniors of the Detroit Athletic Club and the Y. M. C. A., William H. Stockwell, son of Doctor Glenn W. Stockwell, won 3 out of 7 events.

Doctor Edwin Beers of New York City read a paper on "Renal Tuberculosis" before the Wayne County Medical Society, January 17, 1921.

Doctor C. B. Lundy of Detroit was recently elected senior vice-commander of the Fred W. Beaudy Post of the American Legion.

On December 19th the "Stork" visited Doctor and Mrs. Neil Bently, of Detroit, presenting them a daughter, Alice Suzanne.

Doctors Plaggemeyer, Harold Wilson and Frank Kelly attended the Victor Herbert Dinner at the Detroit Athletic Club, January 15, 1921.

Doctor and Mrs. A. D. Holmes and family of Detroit spent part of the month of January in Atlantic City.

Doctor A. N. Collins of Detroit spent the greater part of January in California looking after a very sick patient.

On January 18, 1921, Doctor C. Hollister Judd was re-elected President of the Medical Board of the Women's Hospital, Detroit.

January 18th, Doctor James Inches, Police Commissioner of Detroit, was elected a Director of the Detroit Athletic Club.

Doctor T. A. McGraw of Detroit spent Xmas at the winter home of his daughter, Mrs. Clarence Lightner, at Tryon, N. C.

The commission investigating the Dr. T. J. Gover cancer cure, of Montreal, report the utter uselessness of that alleged remedy.

Doctor H. W. Torrey is playing squash on the Detroit Athletic Club B team this year.

On January 12th a daughter was born to Doctor and Mrs. C. D. Brooks of Detroit.

Dr. A. B. Smith of Grand Rapids is spending the winter in California.

St. Mary's Hospital, Grand Rapids, has created an Out Patient Department.

Dr. J. W. Moore will resume practice in Calumet.

Dr. E. C. Dunning has located in Marcellus.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. Secretaries are urged to send in these reports promptly

BAY COUNTY.

Our annual meeting occurred Dec. 13, 1920, at which the following officers were elected for year 1921.

President—Dr. G. W. Mc Dowell, 815 Garfield St., Bay City, Mich.

Vice President—Dr. A. J. Zaremba, 112 South Madison, Bay City, Mich.

Secretary-Treasurer—L. Fernald Foster, Sheareroff building, Bay City.

1st Delegate—Dr. R. E. Scrafford, Davidson building, Bay City.

2nd Delegate—Dr. M. Gallagher, 620 Monroe, Bay City.

1st Alternate—Dr. R. C. Perkins, Davidson building, Bay City.

2nd Alternate—Dr. Fred S. Baird, Davidson building, Bay City.

Medico-Legal Committee—Dr. T. A. Baird, Bay City.

The Programme Committee reported unfavorably on inviting any clinical teams at this time to visit and address Bay County Medical Society, according to schedule; but, rather to bend every effort in harmony with the State officers of making the State meeting a grand success. Each member of Bay County Medical Society holds himself in readiness, as to time and work, to cooperate in all particulars with the State Medical Society officials for the Annual Meeting of the Michigan State Medical Society in Bay City, 1921.

Dr. M. Gallagher.

GENESEE COUNTY.

At the meeting of the Genessee County Medical Society, held Dec. 15, 1920, Dr. R. E. Balch gave a splendid review of the subject of "Duodenal Ulcer." His address was well illustrated by lantern slides and evoked an interesting discussion.

At the meeting of Wednesday, Jan. 5, an interesting letter was read from one of our oldest members, Dr. C. W. Goff, of Montrose. The Doctor is 76 years of age and has been continuously in the active practice of medicine for 52 years. A letter of congratulation was sent to

him and he was elected an honorary member of the Society.

Dr. B. L. Jones, of Detroit, spoke on the "Diagnosis and Treatment of Neuro-Syphilis." Of particular interest were the points he brought out in the differential diagnosis. He made a plea for routine Wasserman tests in all examinations, and for examination of the cerebrospinal fluid in every case having a positive Wassermann.

The Clinical Section of the Genessee County Medical Society met Wed. Jan. 12th. Dr. Ray Morrish presented a case of Diaphragmatic Hernia the stomach, jejunum and Colon showing in the left chest. Dr. Lafen Jones spoke on the Schick Test and the Toxin-Antitoxin method of producing immunity in diphtheria. Dr. M. W. Clift spoke on the Uses and Limitations of X-Rays in Diagnosis. He illustrated his subject by fine slides.

The Society met for noon luncheon at the Hotel Durant Wed. Jan. 19th. President Orr presiding. Dr. Geo. Pratt of Flint with the assistance of two psychologists from the city schools gave a clinic on "Feeble Mindedness in Childhood." Practical demonstrations of the Binet-Simon Test were given. That our Society is very much alive was shown by the fact that our attendance was over 70 at this meeting.

W. H. Marshall, Sec'y.

GRAND TRAVERSE-LEELANAU COUNTY.

The regular monthly meeting of the Grand Traverse-Leelanau County Medical Society was held December 7, 1920, in Traverse City, at 8 p. m.

President J. W. Gaunlett, presiding.

The following members were present: Drs. Swanton, Wilhelm, Kyselka, Gauntlett, Henricks, Holdsworth, Swartz, Minor, Sladek and Holiday.

The following officers were elected for the ensuing year:

President—H. B. Kyselka, Traverse City.

Vice President—Alfred C. Wilhelm, Grawn.

Secretary-Treasurer—E. F. Sladek, Traverse City.

Medico-Legal—J. B. Martin, Traverse City.

The retiring Secretary-Treasurer read his annual report in which he pointed with pride to the fact that the April meeting of the Society served as a starting point for the formation of the North-Western Michigan Clinical Association, which has subsequently held two interesting meetings. This Association has already served its purpose in bringing together the physicians of North western Michigan and in bringing to them the latest advances in medicine and surgery.

An informal discussion then took place of diphtheria, including its diagnosis, use of the Shick Test, toxin-antitoxin, and the dosage of antitoxin.

The newly elected president then invited the members of the Society to a banquet to be held just before the next meeting. This invitation was unanimously accepted by the members.

The meeting then adjourned until the evening of January 4, 1921.

E. F. Sladek, Secretary-Treasurer.

GRATIOT-ISABELLA-CLARE COUNTY

We held our first regional clinic meeting today. We had team No. 14 from Grand Rapids, composed of Doctors C. H. Johnston, Wm. Veenboer, G. S. Brotherhood and V. M. Moore. Subject Pneumonia and Empyema. Dr. Veenboer took up the surgical aspect of the subject, illustrating his talk by the use of lantern slides. Dr. Moore covered the X-Ray side of the subject, also using lantern slides. Dr. Brotherhood gave a very interesting talk from the laboratory standpoint and Doctor Johnston gave an instructive talk on the diagnosis and treatment.

We had a little better than average turnout and we heard many expressions of satisfaction with the meeting.

We believe this team work plan a good one, and think the attendance will improve as the quality of these meetings becomes better known.

There are always a number of physicians in the smaller towns who are fairly busy, they get in the habit of sticking close to their business and the longer they do it the closer they stick. There are the ones that are hard to get out. What to do to change their ways is a problem. No one plan will change all of them. As Doctor Manwaring said to me a number of years ago "Some have to be born again."

E. M. Highfield, Secretary.

HILLSDALE COUNTY.

Our annual meeting of the Hillsdale County Medical Society was postponed for one reason and another until the 17th and my answer to your letter of the 18th (which by the way has just reached me) may include my report of the meeting. I am enclosing one of the notices with program, etc. An unusually large attendance was had, for this county, some twenty or more out of a possible thirty-four. A notice was sent

out to every eligible physician in the county. The question of dues came up early, but although we had an enthusiastic meeting and most instructive and profitable to all, I regret to say that several slipped away before the time came for payment of dues and admission of new members. As it is, I am only able to report seventeen as having paid their dues although there are several whom we confidently expect to have with us on the list who are not there yet.

Mr. Young gave a most interesting talk on "Laboratory work and the demonstration of the Schick test" and called our attention to the proposed legislation on the bills for the transfer of the Bureau of Vital Statistics to the Department of Health, for the creation of a county full time health officer in each county, and for the free distribution by the state of toxin antitoxin vaccine serums and Schick test materials from the State Laboratories.

The Society voted unanimously in favor of all these bills and against any legislation looking to "Compulsory Health Insurance" in any form, instructing the secretary to communicate our views to the members of the state legislature now in session, at once.

I find some complaint of the increased dues, as we were obliged to add another dollar to the dues, for the use of the County Society, making \$6 in all. Will you kindly send me some account of the functioning of the "Medico-Legal Committee" and its results for use in drawing members into the society? Also any other literature that you may have. Will promptly come to the aid of the State Society with the Legislature.

We hope to have our regular quarterly meeting this year which will bring our next meeting sometime near the middle of April. We wish to be on your list for the Regional Clinic Teams and will make a request for same in ample time.

The Hillsdale County Society elected officers for the present year:

President—T. H. E. Bell, Reading.

Vice President—G. R. Hanke, Ransom.

Secretary-Treasurer—D. W. Fenton, Reading.

I omitted to state in the proper place that Dr. Doty's report of the recent outbreak of typhoid fever in Hillsdale in connection with Dr. Young's lecture was most instructive as Mr. Young was one of the men on the field at the time.

I send on another sheet the names of the members now paid in for 1921. Will gladly answer any questions you may wish to ask.

D. W. Fenton, Sec'y

KENT COUNTY.

A special meeting of the Kent County Medical Society to discuss Health Insurance and the proposed legislation pending was held at the Peninsular Club on the evening of January 5th.

The meeting was called by Councillor Dr. W. J. DuBois, and included representatives from all counties in the fifth district. Preceding the meeting, a banquet was served, giving a welcome opportunity for renewing old acquaintances. Unfortunately the state President, Dr. Angus McLean, was unable to be present, but his colleague, Dr. J. C. Kennedy of Detroit, gave a most excellent address, pointing clearly to the work confronting the profession if it wishes to kill the vicious legislation which is to be advocated before the present meeting of the state legislative bodies. The discussion which followed was participated in by many from a distance and showed that the profession is following the subject closely and is fully alive to the results which have followed in other countries from adoption of Health Insurance.

The first meeting of the society for 1921 was held on the evening of Jan. 12, 1921, with an attendance of 115. The subject for the evening was "Focal Infection" and was presented by a team headed by Dr. Wm. Northrup of Grand Rapids. Dr. Ferris N. Smith of Grand Rapids, spoke on "Focal Infection in Relation to Tonsils and Sinuses." He was followed by Dr. Carl D. Camp of Ann Arbor, who spoke on "Some Neurological Conditions Arising from Focal Infections." Dr. Uretsky of Grand Rapids spoke on "Relative Infection of the Teeth in Different Periods of Life. The next speaker was Dr. F. J. Sladen of Detroit, whose subject was "Evidence of Systemic Infection Arising from Focal Infection." Dr. Thos. L. Hills of Grand Rapids, for the laboratory, spoke on "Methods of Isolation and Determination of Organisms in Infected Teeth and Tonsils." Dr. Crane of Kalamazoo, took as his theme "X-Ray Findings in Focal Infection." Dr. R. R. Smith of Grand Rapids, spoke on "The Gall-bladder in Relation to Focal Infection." The team captain, Dr. Wm. Northrup closed with a review: "A Few Important Things With Regard to Focal Infection." A better presentation of the subject would be hard to imagine, taken as it was from every conceivable angle, and the lively discussion showed clearly the interest evoked.

Frank C. Kinsey, Secretary.

KALAMAZOO ACADEMY OF MEDICINE.

The annual meeting of the Kalamazoo Academy of Medicine was held December 15th.

The afternoon meeting consisted of an ex-augural address by President Walter den Bley-

ker subject being "Double Salpingectomy for Pelvic Gonorrhea with report of ten cases with microscopic examination of vaginal discharges." And an address by Dr. Jos. Miller of Chicago on "Our present conception of Bronchial Asthma."

The following officers were elected for the ensuing year:

President—Dr. J. H. Van Ness, Allegan.

1st Vice President—Dr. R. A. Morter, Kalamazoo.

2nd Vice President—Dr. O. D. Hudnutt, Otsego.

3rd Vice President—Dr. W. F. Young, Lawton.

Treasurer—Dr. G. L. Bliss, Kalamazoo.

Delegates to State Society:

Dr. W. E. Collins, Kalamazoo.

Dr. O. M. Vaughan, Jr., Covert.

Dr. C. E. Boys, Kalamazoo.

Alternates to State Society:

Dr. L. V. Rogers, Galesburg.

Dr. N. L. Goodrich, South Haven.

Dr. Dan H. Eaton, Kalamazoo.

Censors:

Dr. G. F. Inch—3 years.

Dr. F. C. Penoyar—3 years.

The term of Secretary being three years, Dr. B. A. Shepard has yet one more year to serve.

At 6:30 o'clock a banquet was held in the Park-American Hotel which was attended by the Doctors and their wives. Principal address was by Dr. V. C. Vaughn of Ann Arbor on "The relation between the Medical Profession and the Public."

B. A. Shepard, Secretary.

MUSKEGON COUNTY.

The first meeting of the Muskegon County Medical Society of the year 1921 was held Jan. 7th at the offices of Drs. LeFevre and Thornton, with President, Dr. Cramer, presiding. The meeting was turned over entirely to the discussion of State Medicine and Health Insurance. Dr. Addison, City Health Officer, gave an address on the subject, after which it was discussed by many members of the Society. The Society appointed a committee of Drs. LeFevre, Busard, and Colignon to co-operate with the State Society in this matter.

All doctors in Muskegon County are now using the caduceus on the front of their automobiles, by request of the City Manager.

Dr. Swartout of Muskegon was admitted to membership.

The meetings for the year will be held bi-monthly.

E. S. Thornton, Secretary.